

Bölüm 42

ENDOMETRİOZİS REKÜRRENSİ

Doç. Dr. Mertihan KURDOĞLU

ÜNİTE 3

Endometriozis rekürrensi klimesyenler arasında tanı ve yönetiminde sıkıntılar olan bir durumdur. Ülkemizde rekürren olguların yönetimleri sıklıkla ikinci veya üçüncü klimesyenler aracılığı ile olduğu için gerçek insidansı ve yönetimi konusunda ortak bir konsensus yoktur. Unutulmamalıdır ki endometriozis/endometrioma rekürrensi uzman ve deneyimli ellerde yapıldığı zaman bile karşımıza çıkabilen istenmeyen bir durumdur. Rekürrens her zaman “başarısız ve inefektif cerrahi” anlamına gelmemelidir. Rekürrens şikayeti nedeniyle operasyonu yapan hekim dışında başka hekimlere başvuran hastalara, olayın hastalığın doğasında olduğu özellikle anlatılmalı ve ilk cerrah suçlanmamalıdır. Bu bölüm, endometriozis rekürrensi ile ilgili tüm ayrıntıları kapsamlı bir şekilde ele almış her türlü sorunuza cevap bulabileceğiniz bilgiler barındırması açısından mutlaka okunması tavsiye edilen güncel veriler içermektedir. Bölüm yazarına, bu kapsamlı bilimsel verileri okuyucu için büyük bir özveri ile hazırlaması nedeniyle teşekkür ederiz. **Editorial**

- Hasta hikayesine dayalı semptom rekürrensi
- Görüntülemeye dayandırılmış endometriozis rekürrensi
- Endometriozis rekürrensini saptanmadığı yenden cerrahi müdahale
- Histolojik delil olmadan görsel endometriozis rekürrensi
- Histolojik olarak doğrulanmış endometriozis rekürrensi
- Ultrason rekürrensi

- Anatomik rekürrens
- Klinik rekürrens
- Klinik rekürrens
- Kümülatif endometriozis rekürrens oranı
- Rekürrens risk faktörleri
- Ovarian stimülasyon rekürrensi artırır mı?
- Rekürrens takibinde CA125’i kullanabilir miyiz?
- Rekürrens olgularına yaklaşım: Takip mi, cerrahi mi?
- Yaşam kalitesini bozan semptomlar varlığında rekürren endometriozise yaklaşım
- Yaşam kalitesini bozan semptomlar varlığında rekürren endometriozise yaklaşım
- Tekrar konservatif cerrahi
- Pelvik denervasyon işlemleri
- Presakral nörektomi (PSN)
- Uterosakral ligament rezeksiyonu/ablasyonu
- Definitif cerrahi
- Medikal Tedavi
- İnfertil rekürren olgulara yaklaşım

Tanımlar

Ektopik endometrial lezyonların tam eksizyonunu takiben “de novo” yeni lezyon gelişimi, **rekürrens** olarak tanımlanır. Ancak, bu durumun eksik cerrahiye sekonder persistan lezyonlardan ayırt edilmesi gerekmektedir [1]. Aslında, rekürrens, endometriozisin gerçeğidir ve in situ lezyonlar ile mikroskopik metastazların gelişimi ve yetersiz cerrahi nedeniyle endometrioziste komplet kür imkânsızdır [2].

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