

# Bölüm 44

## ENDOMETRİOZİS AĞRI VE YÖNETİM

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ÜNİTE 3

Endometriozis denilince genellikle ilk akla gelen subfertiliteden ziyade ağrı şikayetidir. Özellikle bekâr ve genç endometriozis hastalarının esas problemi şiddetli ve tekrarlayan pelvik ağrılarıdır. Endometriozis evresi ve ağrı şiddeti arasında doğru bir orantı olmaması konuyu daha da önemli kılar. Bu bölüm endometriozis olgularında ağrı oluşumunun periferik ve santral bileşenlerini ayrıntılarıyla kaleme alan ve tedavide uygulanan yöntemleri inceleyen bilgiler içermektedir. Aslında ağrı endometrioziste cerrahi tedavi uygulanması açısından her yaş grubunda ana endikasyonu oluşturan bir şikayettir. Bölüm, içeriğinde taşıdığı değerli bilgiler nedeniyle klinik pratikte pelvik ağrılı hastaların yönetimi açısından önem arz etmektedir. **Editorial.**

### Giriş

Endometriozis, üreme çağındaki kadınlarda görülen ve genellikle menopoz ile semptomları azalan, östrojene bağlı inflamatuvar bir hastalıktır (1). Kronik Pelvik Ağrı (KPA) nedeniyle laparoskopi yapılan her üç kadından birinde endometriozis bulunmuştur (2,3). Endometriozisli kadınlarda olan KPA; sık acil servislere başvuruya, işgücü kaybına, psikolojik ve sosyal problemlere neden olduğu gibi sağlık harcamalarında da ciddi bir yer tutmaktadır (4). Endometriozise ilave olarak interstisyel sistit, iritabl barsak sendromu gibi ağrılı sendromlar da tabloya eşlik edebilir (5). Jinekologlar ve hastalar endometriozis lezyonları ile ağrının ilişkili olduğunu düşünsede;

bu ağrıyı ve özelliklerini sadece lezyonların varlığıyla açıklayabilmek oldukça güçtür (6). Ağrıların ve lezyonların çeşitliliği bu zorluğu artırmaktadır. Analjezikler, hormonal ilaçlar, ameliyatlara tedavinin temelini oluşturmasına rağmen, ağrı sıklıkla geri döner ve bunun için mutlaka lezyonların tekrarlanması da şart değildir. Yapılan çalışmalarda endometriozis tedavisi kesildikten iki, üç yıl sonra hastaların üçte birinden fazlasında şikâyetlerin geri döndüğü bildirilmiştir (7). Burdaki hipotez; ağrı tecrübesinin Santral Sinir Sisteminin (SSS) aktivasyonu nedeniyle olduğudur (8). Şimdiye kadar yapılmış olan çalışmaların çoğu endometriozis patofizyolojisi ve tedavisi ile ilgili olup hastaları ve hekimleri bu denli meşgul eden ve edecek olan ağrı konusu hep ikinci plana atılmıştır. Bu nedenle biz konuyu özellikle bu pencereden irdelemeyi planladık.

### Ağrı ve Lezyonların Çeşitleri

Endometrioziste ağrı kişiden kişiye değişir. Ağrı; dismenore, non menstrual KPA, dizüri, kas-iskelet ağrısı şeklinde çeşitlilik gösterir. Bazı kadınlarda dizüri veya diğer kronik kas-iskelet sistemi ağrıları gibi ek ağrılı belirtiler endometriozis ile ilgili olmayabilir. Yani sadece ağrı varlığı endometriozis tanısı için yetersizdir (9). Laparoskopik cerrahi ile lezyonların görüntüleyebilmek tanıda altın standarttır. Lezyonlar incelendiğinde, endometriozis üç kategoriye bölünmüştür: yüzeysel peritoneal endomet-

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