Bölüm 46

ENDOMETRİOZİS MEDİKAL TEDAVİ

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Endometriozis medikal tedavisi üzerinde en çok çalışılan konulardan birisi olmasına rağmen tüm semptomlara yönelik etkili bir medikal ajan hala bulunamamıştır. Bu amaçla her yıl yeni aday ilaçlar deneysel çalışmalarda kullanılmakta ve sonuca doğru yaklaşılmaktadır. Bu bölüm klinisyenlerin endometriozise bağlı ağrı, sub-fertilite ve rekürrenslerin önlenmesi için kullanılması gereken medikal yaklaşımlar ile ilgili birçok faydalı bilgi içermektedir. Bölüm yazarının konuyla ilgili tecrübeleri de göz önüne alındığında okuyucuya yararlı birçok yeni bilgi ve tecrübe aktarımı söz konusudur. Bölüm içersinde; kanıta dayalı tıp açısından, endometriozisin medikal tedavisi ile ilgili yayınlanmış RCOG, ESHRE, ACOG ve Kanada Kadın Hastalıkları ve Doğum Cemiyeti Kılavuzlarına da yer verilmiştir.
Editorial

Giriş

Endometriozis, histolojik olarak endometrium bez yapıları ve stromasının uterus kavitesi dışında bulunması durumu olarak tanımlanır. Tüm kadınlarda ortalama %10 oranında görüldüğü bildirilmiştir (1). Etiyolojisinde bugüne kadar çok sayıda patofizyolojik mekanizmalar ileri sürülmüş olan endometriozisin oluşumunda genetik, hormonal, immünolojik, çevresel faktörler karmaşık bir şekilde birliktelik göstererek etkili olur. Klinikte pek çok yakınma veya bulgu ile karşımıza çıkabilse de bunlardan en önemlileri kronik pelvik ağrı ve infertilitedir (2).

Endometriozisin tedavisinde, geçmişten günümüze ileri sürülen mekanizmalara dayanan medikal ve operatif tedaviler uygulanmıştır. Endometriozis tedavisinde hedef, yakınmaları gidermek ve tekrarı engellemektir. Cerrahi tedavi sonrası semptomların gerilemesi beklenirse de rekürrens nedeniyle tekrar bir girişim gerekebilir. Genel bir görüş olarak eğer endometriozisli kadın gebelik arzusu için başvurmadıysa ve muayenede pelvik kitle saptanmadıysa tedavisi için medikal tedavi düşünülür. Medikal tedavide temel olarak yapılması amaçlanan hormona duyarlı ektopik yerleşimli endometriotik dokunun atrofiye edilmesi ve buna bağlı ağrı semptomunun ortadan kaldırılmaya çalışılmasıdır. Medikal tedavinin endometriozise bağlı infertiliteyi düzeltmesine yönelik kanıt yoktur (3). Günümüzde endometriozisin medikal tedavisinde kullanımda olan ve yeni umut ilaçlar Tablo-I ve II 'de özetlenmiştir.

Tablo 1: Endometriozisin medikal tedavisinde kullanımda olan ilaçlar*

Androjenik ajanlar
Aromataz inhibitörleri
GnRH Analogları
Nonsteroid Antiinflamatuar İlaçlar (NSAİİ)
Oral Kontraseptifler (OKS)
Progestatif ilaçlar

- Danazolün, diğer mevcut tedavilerden daha şiddetli olmak üzere, akne, hirsutizm ve myalji gibi yan etki profili vardır.
- Levonorgestrel intrauterin sistemin, kabul edilemez düzensiz kanama, persistan ağrı veya bir çalışmada %40'lara varan kilo artışına yol açtığı gösterilmiştir.

After an appropriate pretreatment evaluation (to exclude other causes of chronic pelvic pain) and failure of initial

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Canada Task Force for Preventive Health Care'in kullanıdığı kanıt düzeyi ve öneri sınıflamaları Tablo XVI ve XVII'de sunulmaktadır (102).

Kanada Kadın Hastalıkları ve Doğum Cemiyeti Kılavuzuna göre

Bölüm 3: Endometriozise eşlik eden ağrının medikal tedavisi

1. Kombine oral kontraseptifler -tercihan devamlı verilmek üzere- birinci basamak tedavi ajanı olarak kabul edilmelidir (I-A)
2. Yalnızca progestin verilmesi –oral, intramusküler veya subkutan- de birinci-basamak tedavi kabul edilebilir (I-A)
3. Hormonal tedavi add-back'li GnRH agonisti veya Levonorgestrel intrauterin sistem, ikinci-basamak tedavi seçeneği olarak kabul edilmelidir (I-A)
4. GnRH angonisti tedavinin başlamasıyla birlikte HT add-back'i ile kombine edilmelidir ve daha uzun süreli kullanım (>6 ay) için uygulanabilir (I-A).
5. Endometriozisin direkt medikal veya cerrahi tedavisi ile semptomların yok olmasını beklerken, NSAİİ 'dan opioidlere dek değişen analjezik reçeteleme, klinisyenlerin pratikteki kararlarına bağlıdır (II-A).

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