

# Bölüm 52

## ESHRE GUIDELINE 2014: ENDOMETRİOZİSLİ KADININ YÖNETİMİ

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14 kişilik ESHRE Endometriozis grubu tarafından hazırlanan ve Ocak 2014 yılında yayınlanan bu guideline endometriozisle ilgili tanısal, medikal ve cerrahi yaklaşımları ayrıntılı olarak literatür bazında incelemiş ve klinisyenler için özet bilgiler haline getirip kullanımlarına sunmuştur. Ancak bu guideline endometriozis yönetiminin tüm aşamalarını bünyesinde barındıran ve başka kaynaklara ihtiyacı ortadan kaldırın bir eser anlamına gelmemelidir. Guideline daha çok endometriozis tanı ve tedavi yaklaşımlarını incelemiştir ancak etyoloji, yeni tanı ve tedavi yaklaşımları konusunda bilgi vermemiştir, sadece yapılması gereken bilimsel çalışmalarla ilgili önerilerde bulunmuştur. Bu yazı "B.A.J. Dunselman et al. ESHRE guideline:management of women with endometriosis. Human Reproduction, Vol.0, No.0 pp. 1–13, 2014" isimli yazının özet çevirisidir. **Editorial**

### Giriş

Endometriozis endometrium benzeri dokuların uterus dışında yerleşmesi ve kronik inflamatuar bir reaksiyona yol açması olarak tanımlanır (Kennedy et al., 2005). Bazı endometriozisli hastalar ağrılı semptomlar veya infertilite ile başvururken bazlarında herhangi bir semptom yoktur. Kesin prevalansı bilinmemekle beraber reproduktif yaşta kadınlarda %2-10'unda infertil kadınların ise %50'sinde ortaya çıktığı tahmin edilmektedir (Eskanazi and Warner, 1997; Meuleman et al., 2009).

### Sorular ve Öneriler

#### Tanı

Birçok çalışma endometriozis tanısında gecikme olduğu konusunda hemfikirdir. Tanıda gecikme; Almanya ve Avusturya'da 10 yıl, İspanya ve İngiltere'de 8 yıl, Norveç'te 7 yıl, İtalya'da 7-10 yıl, İrlanda ve Belçika'da ise 4-5 yıl olarak rapor edilmiştir (Ballard et al., 2006; Nnoaham et al., 2011; Hudelist et al., 2012).

#### Hangi Semptomlar Endometriozisle İlgili veya Tanısalıdır?

Birçok çalışmada; dismenore, kronik pelvik ağrı, derin disparoni, sıklik intestinal şikayetler, yorgunluk, bitkinlik ve infertilite gibi semptomların endometriozisle ilgili olduğu saptanmış olmakla beraber çalışmaların tamamı retrospektif olarak dizayn edilmiş ve saptanan semptomların prediktif değerleri bulunmamıştır (Davis et al., 1993; Forman et al., 1993; Lemaire, 2004; Thomassin et al., 2004; Seracchioli et al., 2008; Luscombe et al., 2009; Bellelis et al., 2010). Ballard'ın 2008 yılında yapmış olduğu geniş retrospektif analizde (Ballard et al., 2008), endometriozis tanısında prediktif değeri olan aşağıdaki semptomlar saptanmıştır;

- İnfertil olgularda ciddi dismenore
- Abdominopelvik ağrı
- Dismenore

mıştır. OKS'lerin ve fiziksel ekzersizin primer önlemedeki faydaları kesin değildir (Vercellini et al., 2011; Vitonis et al., 2010).

### Endometriozis ve Kanser

Guideline komitesi, kanser gelişim riski ile ilgili danışmanlık isteyen endometriozisli kadınların klinisyen tarafından bilgilendirilmesini önerir;

- Endometriozisin kansere yol açtığını dair veri yoktur
- Endometrioziste kanser insidansı artmaz
- Over kanseri ve non-Hodgkin lenfoma gibi bazı kanserlerin insidansında hafif bir artış vardır.

Ayrıntılı bilgi için bakınız “B.A.J. Dunselman et al. ESHRE guideline:management of women with endometriosis. Human Reproduction, Vol.0, No.0 pp. 1–13, 2014”.

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