

Bölüm 10

İNFERTİLİTE VE ENDOMETRİOZİS

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GİRİŞ

Endometriozis, endometriyuma benzer dokunun (gland ve stroma) uterus dışındaki bölgelerde bulunması ile karakterize (özellikle overleri içeren pelvik alan, ligamentler, peritoneal yüzeylerin yanı sıra mesane ve barsaklar da dahil olmak üzere), kadınlarda yaygın, genellikle kronik, inflamatuvar bir hastalıktır(1). Yüzeysel periton ve serozal lezyonlardan, overlere (endometrioma) ve >5 mm derinliğinde nodüllere kadar değişen heterojen bir hastalıktır ve genellikle skar ve adezyonlar eşlik eder. Endometriozis, tipik olarak dismenore, disparoni ve infertilite ile ilişkilidir(2). Ancak hastaların % 20-25'i asemptomatik olabilir. Endometriotik dokunun büyümesi östrojene bağımlıdır; buna göre, durum esas olarak menarş ve menopoz arasında ortaya çıkar, ancak hastalık premenarşel kızlarda da tanımlanmıştır(3) ve menopozdan sonra tekrarlayabilir.

Endometriozis, yüksek nüks oranları ile karakterize edilen bir süreçtir. Etiyoloji ve patogenez belirsizliğini korumaktadır. Tedavinin temel amaçları semptomların hafifletilmesini, mevcut endometriotik implantların çıkarılmasını ve yeni ektopik endometriyal doku odaklarının önlenmesini içerir. Mevcut terapötik yaklaşımlar tam kür sağlayamayabilmektedir; bu nedenle klinisyenler hastalığın klinik semptomlarını yönetmeye odaklanırlar. Tıbbi, cerrahi ve psikolojik tedavilerin spesifik kombinasyonları endometriozisli kadınların yaşam kalitesini iyileştirebilir. Bu tedavilerin faydaları, özellikle kadınların kendi yaşamları için sahip oldukları beklentiler açısından tam olarak kanıtlanmamıştır. Teorik olarak avantajlı olmasına rağmen, bir kombinasyon tıbbi-cerrahi tedavinin fertilitiyi önemli

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pinlerle) ve IUI kullanımı için destekleyici kanıtlar vardır (64, 65). Endometriozis hastaları cerrahi olarak tedavi edildiğinden ve bazı kadınlarda açıklanamayan infertiliteye sahip oldukları ve minimal evre endometriozisi olduğu varsayıldığı için bu çalışmaların çoğu seçim yanlılığına maruz kalmaktadır. Genel olarak, ovulasyon ve IUI halen IVF'e alternatif olarak minimal evre endometriozisi olan kadınlar için uygun bir tedavi seçeneği olarak kabul edilmektedir.

***In vitro* fertilizasyon (IVF)**

IVF kullanan daha agresif infertilite tedavisi formu, ileri endometriozis ve bozulmuş pelvik anatomisi olan kadınlarda doğurganlığı en üst düzeye çıkarmaktadır. Bir meta-analiz, endometriozisli infertil kadınların IVF ile başarısının önemli ölçüde daha düşük olduğunu göstermiştir (66). Buna daha düşük bir over yanıtı, daha az implantasyon ve genel olarak daha düşük gebelik oranları dahildir. Ek olarak, hastalığın daha ileri bir aşaması daha düşük bir sonuçla ilişkiliydi.

ENDOMETRİOZİSTE GEBELİK SONUÇLARI

Endometriozisli kadınların hastalısız kadınlara göre daha yüksek olumsuz obstetrik sonuçlara sahip olduğu gösterilmiştir. Büyük bir çalışmada, endometriozisli kadınlarda preeklampsi (OR 1.13, % 95 CI 1.02-1.26), antepartum kanama / plasantal komplikasyonlar (OR 1.76, % 95 CI 1.56-1.99) ve sezaryen doğum (OR 1.47, % 95 CI 1.40-1.54) daha yüksek oranlara sahipti (67). Bu ilişkilerin endometriozis veya ART tedavisine bağlı olup olmadığı açık değildir.

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