Bölüm 18

Endometriozis

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Tanım

Endometriozis normal olarak uterusta bulunması gereken endometrial bez ve stromanın uterus dışında; özellikle pelvik peritonda, overler, tubalar, rektovaginal fasya, üreter, nadiren de mesane, perikardium ve plevra gibi birçok bölgede bulunması seklinde tanımlanan ve pelvik ağrı ile infertilitenin eslik ettiği kronik inflamatuar bir süreçtir(Comiter, 2002; Giudice, 2004; Von Rokitansky,1860).

Prevalans ve insidans

İlk tariflenmesi 1860 yılına Von Rokitansky'e aittir(Von Rokitansky,1860). Kesin tanısı histopatolojik olarak konulduğundan ve çoğunlukla hastalık asemptomatik seyrettiğinden tam bir prevalans vermek mümkün değildir. Asemptomatik kadınlarda, endometriozis sıklığı yüzde ikiden yüzde yirmi ikiye değişen bir aralıktadır (Eskenazi, 1997; Mahmood, 1991; Moen, 1997). İnfertil kadınlarda yaygınlığı yüzde yirmi ile yüzde elli arasında değişmekteyken; pelvik ağrın eşlik etmesi durumunda bu oran yüzde kırk ile elli arasında değişmektedir (Balasch, 1996; Eskenazi, 2001; Meuleman, 2009).

Etyopatogenez

Endometriozisin etyopatogeneziyle ilgili ilk teori 1927 yılında endometrial dokunun peritoneal kaviteye menstrüel yayılımı olarak Sampson tarafından öne sürülmüştür(Sampson,1927). Bu teori tüm endometriozis vakalarında etyopatogenezi açıklamamakla beraber peritoneal endometrioziste primer mekanizmayı açıklamada en büyük yardımcıdır. Yapılan çalışmalarla birlikte dört ana teori ortaya konulmuştur.

Retrograd menstrüasyon

İlk ve en yaygın kabul edilen bu teoriye göre endometrial hücrelerin tubalardan regurjitasyonu ve peritoneal kaviteye implantasyonu sonucunda endometriotik odakların oluştuğu düşünülmektedir (Sampson,1927). Geri kaçan endometrial fragmanlar peritona adhere olmakta ve peritoneal mezoteldeki kan akımı ile beslenmeye başlamakta, büyüme ve hücre devamlılığını bu şekilde sağlamaktadırlar (Giudice, 2004).

Uterus hiperperistaltizm ve disperistaltizmi olan endometriozisli kadınlar kaydedildi ve sonrasında bu kadınlarda artmış endometrial reflü belirlendi (Leyendecker, 2004). Uterus anomalileri, serviks darlığı, vajen atrezisi ve imperfore himen gibi retrograd menstrüasyonu arttıran durumlarda endometriozisin daha fazla görülmesi bu teoriyi desteklemektedir. Ek olarak menometrorajili kadınlarda endometriozis daha sık görülmektedir. Retrograd menstrüasyon teorisi pelvik endometriozisi açıklamaya yardımcı olurken diğer bölgelerde oluşan endometriozisi tanımlamaya açıklık getirmemektedir. Ek olarak kadınların %70-80'ninde retrograd menstrüasyon görülmesine rağmen endometriozis insidansı bu grupta %7dir (Halme,1984).

olan kadınlar için, sadece progestin içeren tedaviler tercih edilebilir. Bunun için yaygın olarak medroksiprogesteron asetat (MPA) ya da 19-nortestosteron türevi noretindron asetat ve Dienogest kullanılmaktadır.

Progesteronun desidualizasyon etkisine dayanmaktadır. Ek olarak peritoneal inflamatuar etkiyi de baskılarlar(Roman, 2007). Ağrı semptomu üzerine etkili olmakla beraber infertiliteye etki göstermezler. Dienogest, selektif 19 nortestosteron ve progesteron türevidir ve pelvik ağrıyı gidermede kullanılır. Günlük 2 mg dienogestin 24 hafta kullanımı ile semptomatik tedavi sağlanırken kür oluşturmada bu tedavi tek başına yeterli değildir. Gebelik istemeyen hastalarda umut verici tedavi olarak görülmektedir. Dienogest kullanımı ile oluşan ağrı azaltıcı etki tedavi sonrasında da çoğunlukla devam etmektedir. Yan etki olarak sıvı retansiyonu, başağrısı, yorgunluk, meme hassasiyeti yapabilirler. GnRH analogu kullanan kadınlardakinin aksine ateş basması, kemik mineral yoğunluğu azalması gibi hipoöstrojenik yan etkiler daha az görülür. Ancak anormal uterin kanama sıklığı GnRH analogu kullananlardan daha fazladır.

Levonorgesterel

Levonorgestrel içeren intrauterin araçlar ağrı semptomu için sistemik progesterona alternatiftir (Lockhat, 2004) . Gebelik istemi olmayan hastalarda menstrüel kan kaybını azaltıcı ve dismenoreyi önleyici etkisi ile uzun süreli tedavide öne çıkmaktadır (Vercellini, 2005).

Danazol

Danazol zayıf bir androjendir. Gonadotropin salınımını azaltır. Siklus ortasında oluşan LH peakini inhibe ederek anovulatuar durumu neden olur. Hiperandrojenik ve hipoöstrojenik bir ortam oluşturur. Amenoreyle retrograde endometrial hücre ekilmesini engeller. Kalıcı ses kalınlaşması, kilo alımı, ödem, akne, meme atrofisi gibi yan etkileri bulunan bu medikasyon ağrı semptomlarına karşı etkili olmasına rağmen güncel pratiğimizde artık kullanılmamaktadır.

Nonsteroid antiinflamatuar

Siklooksijenaz enzimi inhibisyonuyla ağrı kontrolünde kullanılırlar. Kronik pelvik ağrıda medikal tedavide öncelikli tercih edilirler(Allen, 2005). Ağrının yanı sıra endometriotik odakların büyümesini de engelleyebilir(Efstathiou,2005). Ovulasyon inhibisyonu, kardiyovasküler ve gastrik yan etkileri olan bu grup ilaçlar özellikle dismenorede adet dönemlerinde tercih edilmektedir.

Günümüz kadın hastalıkları ve doğum pratiğinde pelvik ağrılı hastaların önemli bir kısmını oluşturan endometriozisli hastalar için çok sayıda çalışma yapılmış olup halen çok sayıda çalışma devam etmektedir. Hergün yenilenen bilgiler ışığında uzman hekimlerce yeni tedavi modaliteleri geliştirilmektedir.

Kaynaklar

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