

Bölüm 44

Myomektomi

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Giriş

Uterin fibroidler olarak da adlandırılan leiomyomlar; myometriyumdan kaynaklanan etyolojisi bilinmeyen benign neoplazmlardır. Uterin leiomyomlar genellikle reproduktif çağıdaki kadınlarda görülür. 50 yaş altındaki kadınların %70-80'inde rapor edilmiştir. Amerika Birleşik Devletleri'nde Afrikalı Amerikalı kadınlarda görülme sıklığı Kafkasyalı kadınlardan daha sıktır. Sınıflandırma uterusdaki leiomyomun konumunu temel alır. Leiomyomların %25'i semptomatik olmakla birlikte; en sık görülen semptomlar: anormal uterin kanama, özellikle pelvik ya da abdominal basınçla birlikte ağır menstruel kanama, büyük fibroidlerde barsak disfonksiyonu ve mesane semptomlarıdır. Leiomyomların çoğu menopozdan sonra geriler (1).

Değerlendirme

Leiomyom, bimanuel pelvik muayene esnasında insidental olarak palpe edilerek ya da klinik olarak menorajili bir hastada ultrasonografi ile teşhis edilebilir. Ultrasonografi sıklıkla klinik tanıyı doğrulamak için kullanılır. Adneksiyal palpasyon güven vermediği durumlarda ultrasonografi tanıda yardımcı olabilir. Leiomyom teşhisinde; eğer uterus büyüklüğü 12 hafta gebelik cesametinin altında veya ağırlığı 300 gram altında ise tek başına bimanuel pelvik muayene güvenilir olmayabilir (1).

Yönetim

Uzun süreli tedavi için herhangi bir tedavi yönteminin kesin ve etkili olduğu gösterilememiştir. Histerektomi doğurganlığı korumak istemeyen semptomatik uterin leiomyomu olan kadınlarda kesin tedavi olarak önerilebilir. Semptomatik hastalarda yapılan histerektomi seçeneğinin yüksek düzeyde hasta memnuniyeti ile ilişkili olduğu tespit edilmiştir. Semptomatik submukozal fibroidlerin ilk basamak tedavisi konservatif olarak histeroskopik myomektomi olmalıdır. Histerektomi ya da myomektomiye alternatif olarak doğurganlık istemeyen fakat uterusunu korumak isteyen hastalarda; laparoskopik myoliz, uterin arter embolizasyonu veya endometrial ablasyon önerilebilir.

Sınıflandırma

Avrupa Histeroskopi Derneğinin Submukozal Tip Sınıflandırması (3,4)

Class 0: Tamamen endometrial kavite içerisinde bulunur, intramural uzantı yok.

Class 1: İnamural komponent < % 50 (sapsız), myom yüzeyinin uterin duvara açısı < 90 °dir.

Class 2: İnamural komponent ≥ %50 (sapsız), myom yüzeyinin uterin duvara açısı ≥ 90 °dir.

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