

Bölüm 12

GEBELİKTE MYOMLARA BAĞLI UTERİN KANAMALAR

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MYOMA UTERİ

Uterin myom, diğer isimleriyle leiomyomata, fibroid, fibromyoma, leiomyofibroma, fibroleiomyoma en sık görülen benign jinekolojik tümördür. Myomun tam prevalansını genellikle asemptomatik olmalarından ötürü belirlemek zordur. Ultrason görüntüleme ile insidansı 35 yaşındaki Afrika kökenli Amerikalı'larda %60'ı, beyaz Amerikalı'larda %40'ı bulmaktadır. 50 yaşında insidans aynı gruplarda %80 ile %70'e çıkar (1).

Erken menarş, nulliparite, kafein, alkol, obezite, hipertansiyon myom oluşumu için bağımsız risk faktörleridir. Sigara kullanımı muhtemelen östrojen metabolizmasındaki yaptığı değişimlere bağlı myom gelişim riskini azaltmaktadır (1-8).

Myomlar uterusun normal myometrial hücrelerinin monoklonal tümörüdür. Kendisini çepeçevre sarıp normal myometriumdan ayıran, fibronörovasküler demet içeren psödokapsülü vardır (9). Myom patogenezi multifaktöryel olarak kabul edilir. Uterusun tek bir düz kasındaki somatik mutasyon myom oluşumunu tetikler (2). Genetik, epigenetik faktörler, steroid hormon, büyüme faktörleri, sitokin ve kemokinler de myomun oluşması ve büyümesinde rol oynar (7,10).

Myomlar geleneksel olarak endometrial kavite ilişkisine göre submukozal, intramural ve subserozal olarak sınıflandırılır (11-13).

GEBELİKTE MYOMA UTERİ

Gebelikte myom prevalansı çeşitli yayınlara göre %0,1 ile %12,5 arasında belirtilmekle birlikte ortalama %2'dir. Myom sıklığı etnisite ile de ilişkilidir. Afrika kökenli Amerikalı gebelerde %18, beyazlarda %8, Hispaniklerde %10 oranında

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