



BÖLÜM 8

JİNEKOLOJİK ACİL CERRAHİ İŞLEMLER

Alper TÜRKÖĞLU¹
Süleyman TUNÇ²

1. OVER KİST RÜPTÜRÜ

1.1. Giriş

Over kisti rüptürü, reproduktif çağıdaki kadınlarda yaygın bir durumdur. Fizyolojik kistler (örneğin, folliküler kist, korpus luteal kist) veya daha az yaygın olarak patolojik kistler (örneğin, endometriomalar, benign yetişkin teratomları, kistadenomlar, malign neoplazmlar) rüptüre olabilir ve kist içeriğinin (örneğin, seröz sıvı, kan, yağ materyali) peritona salınmasına neden olabilir.

Rüptüre over kisti olan semptomatik hastaların çoğu gözlem ve analjeziklerle başarılı bir şekilde yönetilir; bununla birlikte, bazı olgularda ameliyat gerekir. Tedaviye ilişkin kararlar; muayene bulguları, semptomların şiddeti, devam eden intraabdominal kanama ve/veya hemodinamik instabilite varlığı ve histolojik tanı gerekliliğine dayanır.

1.2. Patofizyoloji

Normal menstrüel siklуста, tipik olarak <3 cm boyutunda olan folliküler kistlerin fizyolojik rüptürü, her ovulasyon döngüsünde ortaya çıkar. Bu siklik olay genellikle asemptomatiktir

veya folliküler kapsül rüptürü ile az miktarda kanın salınmasından dolayı hafif orta siklus ağrısı (mittelschmerz) ile ilişkilidir.

Seröz sıvılar tipik olarak peritonu irrite edici değildir ve basit bir kistin rüptürü ile başvuran hastalar, büyük miktarda intraperitoneal sıvı birikmesine rağmen asemptomatik kalabilir. Buna karşılık, hemorajik bir kistin rüptürü genellikle ağrı ile ilişkilidir; bunun nedeni overlerde biriken ve over korteksinin gerilmesi veya batın içine akan ve viseral peritonu irrite eden kan olabilir. Dermoid kist rüptürü ise, batın içine yayılan yağ granülleri nedeniyle oldukça ağrılı olup, peritonite neden olabilir.

1.3. Risk Faktörleri ve Korunma

1.3.1 Risk Faktörleri

Ovulasyon indüksiyonu¹.

Bilinen over kisti öyküsü olan hastalar (örneğin, endometrioma, teratom, tubo-ovaryan abse)

Cinsel ilişki over kisti rüptürü için bir risk faktörüdür. Bazı raporlarda, postkoital hemoperiton, bir over kistin görüntülenmediği olgularda da tanımlanmıştır^{2,3}.

¹ Op. Dr., Başakşehir Çam ve Sakura Şehir Hastanesi, Kadın Hastalıkları ve Doğum Bölümü alpertkglu@gmail.com

² Dr., Başakşehir Çam ve Sakura Şehir Hastanesi, Kadın Hastalıkları ve Doğum Bölümü stunc4668@gmail.com

- Ektopik gebeliğin en yaygın kliniği birinci trimester vajinal kanama ve/veya karın ağrısıdır.
- Ektopik gebelik için medikal tedavi (metotreksat) tercih edilen tedavi yöntemidir.
- Hemodinamik instabilite, ektopik gebelik rüptürü belirtileri veya semptomları, heterotopik gebelik ve MTX tedavisinin başarısızlığı gibi durumlar cerrahi endikasyon oluşturur.
- Laparoskopik cerrahi, ektopik gebelik için standart cerrahi yaklaşımdır. Cerrahi tedavide salpingostomi ve salpenjektomi seçenekleri mevcuttur. Salpingostominin avantajı, gelecekteki potansiyel doğurganlık için tubanın korunmasıdır. Salpingostomi sonrası persistan trofoblast nedenli operasyon sonrasında MTX tedavisi gerekebilmektedir.
- Ektopik gebelikte tuba hasar görmüşse (rüptüre olmuş veya başka şekilde bozulmuşsa), kanama kontrol altına alınamıyorsa veya gebelik salpingostomi ile alınamayacak kadar büyük görünüyorsa salpenjektomi standart prosedürdür. Hasta ayrıca sonraki gebelikler için IVF planlıyorsa veya kalıcı sterilizasyon istiyorlarsa salpenjektomi seçebilirler.

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