



Pelvik Organ Prolapsusu

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GİRİŞ

Pelvik organların vajina veya ötesine fitiklaşması yaygın bir durumdur. Prolapsusu olan birçok kişi günlük aktiviteleri, cinsel işlevi ve yaşamını etkileyen semptomlara sebep olabilir. Pelvik organ prolapsusunun varlığı vücut görünümünü ve cinsellik üzerinde zararlı etkiye sahip olabilir (1). POP'un tedavisi yüksek sağlık kaynakları gerektirir; Amerika Birleşik Devletleri'nde 2005-2006 yılları arasında pelvik taban bozukluklarının ayaktan bakımının yıllık maliyeti yaklaşık 300 milyon dolardı (2) ve prolapsusun cerrahi onarımı, 1979'dan 2006'ya kadar 70 yaşından büyük kadınlarda yapılan en yaygın yatarak tedavi prosedürüydü (3).

Kadın genital prolapsusunun tanımlamak için yaygın olarak kullanılan terimler şunlardır:

- a. **Anterior kompartman prolapsusu:** Genellikle mesanenin inişi (sistosel) ile ilişkili ön vajinal duvarın fitiklaşması (Şekil 1).
- b. **Posterior kompartman prolapsusu:** Sıklıkla rektumun (rektosel) inişi ile beraber arka vajinal duvarın fitiklaşmasıdır. (Şekil 1).
- c. **Enterosel:** Bağırsakların posterior vajinal duvardan fitiklaşmasıdır.
- d. **Apikal kompartman prolapsusu (uterus prolapsusu, vajinanın total prolapsusu):** Vajinanın proksimalinin alt vajinaya, hymene veya vajinal introitusundan dışarı çıkmasıdır (Resim 2).

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edilen kadınların oranında önemli bir azalmaya neden olmasıydı (yüzde 0.8'e karşı yüzde 1.5, olasılık oranı 0.5,% 95 CI 0.3-0.8). 60 yaşın altındaki kadınlarda raloksifen ve cerrahi arasında anlamlı bir ilişki bulunamadı. Östrojenik ajanların Pelvik organ prolapsusun önlenmesindeki rolü ile ilgili daha ileri çalışmaları ihtiyaç vardır.

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