

Bölüm 9

ÇOCUKLUK ÇAĞI VE ADÖLESAN VARİKOSEL

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GİRİŞ

Varikozel panpiniform pleksus içerisindeki internal spermatik venlerin venöz reflüye bağlı olarak anormal dilatasyonu ve tortiyositesidir (1). Antik çağlardan beri bilinen varikozelin ilk kez birinci yüzyılda skrotal cilt üzerinden dağlanarak tedavi edildiği ortaya çıkarılmıştır (2). Varikozel Fransız cerrah Pare tarafından “kan ile dolu damar demeti” şeklinde tanımlanmış olup, aynı hekimin “koyu venöz kan akışının genişlemiş, uzun kıvrımlar halinde durgunlaşması” ifadesiyle muhtemelen ilk kez zararlı etkilerine vurgu yapılmıştır (3). Yine benzer dönemler de Şerafettin Sabuncuoğlu ise varikozelin altında yatan etkenin “kirli kan” olduğunu düşünmüştür (4). 19. yüzyıla kadar skrotal ağrı cerrahi endikasyon olarak görünürken, 1950’li yıllarda varikozel ile fertilitate arasındaki ilişki keşfedilmeye başlanmıştır (2, 5). Varikozel adölesan dönemde sıklıkla skrotal ağrı ve şişlik, testis boyutlarında küçülme, bozulmuş sperm parametreleri ile ilişkili olup gelecekte fertilitate bozukluklarına neden olabilen bir patolojidir.

EPİDEMİYOLOJİ

Varikozel 10 yaş altı nadir görülmekle beraber yaklaşık insidansı %1’dir. Ancak puberte ile birlikte görülme sıklığı artar (6). Pubertede insidansı yetişkin dönem ile benzer olup %10-15 arası raporlanmıştır (6-8). Prevelansının birinci derece akrabalarında olduğu bilinen kişilerde arttığı bilinmektedir. Sıklığı ile şiddeti yaş ve Tanner evresine göre değişebilmektedir. Varikozel puberte döneminde ve Tanner evre 3’te pik yapmaktadır (7). Primer infertilitesi olan erkekler de insidansının %40’lara, sekonder infertilitesi olanlarda da %81’ e kadar ulaştığı bildirilmiştir (9, 10).

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rağmen gelecekteki fertilité ve gebelik oranları üzerine etkisi halen tartışmalıdır.

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