

D. Posterior Vajinal Duvar Prolapsusu

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GİRİŞ

Pelvik organ prolapsusu (POP), pelvik destek dokuların zayıflaması veya kaybı sonucu ortaya çıkan kompleks bir durumdur. Anterior, apikal ve posterior bölgelerdeki bir dizi anatomik defekt ile karakterizedir. Pelvik kompartmanlardaki anatomik zayıflık ve defektler oldukça geniş bir semptom yelpazesine sahiptir. Özellikle multipar, postmenapozal kadınların nerdeyse yarısının POP'dan etkilendiği göz önüne alındığında, pelvik tabandaki anatomik ve fonksiyonel bozuklukların tanı ve tedavisi her geçen gün daha da önem kazanmaktadır.

Pelvik taban yetmezliği olan hastalarda sıklıkla bir kompartmana dair klinik bulgular ön plana çıkar. Ancak POP tanısı alan hastalarda pelvisin tüm kompartmanlarının bütüncül olarak değerlendirilmesi esastır. Multi kompartman prolapsus varlığında, tüm kompartmanlar değerlendirilmeden yapılan tek kompartman onarımının %58'i bulan cerrahi başarısızlık ile ilişkili olduğu gösterilmiştir. Ayrıca, bu hastaların %33'ünde ilerleyen dönemde başka bir kompartmanda cerrahi müdahale gereksinimi doğduğu bildirilmiştir. Bu nedenle POP hastalarında gerek anatomik gerekse fonksiyonel

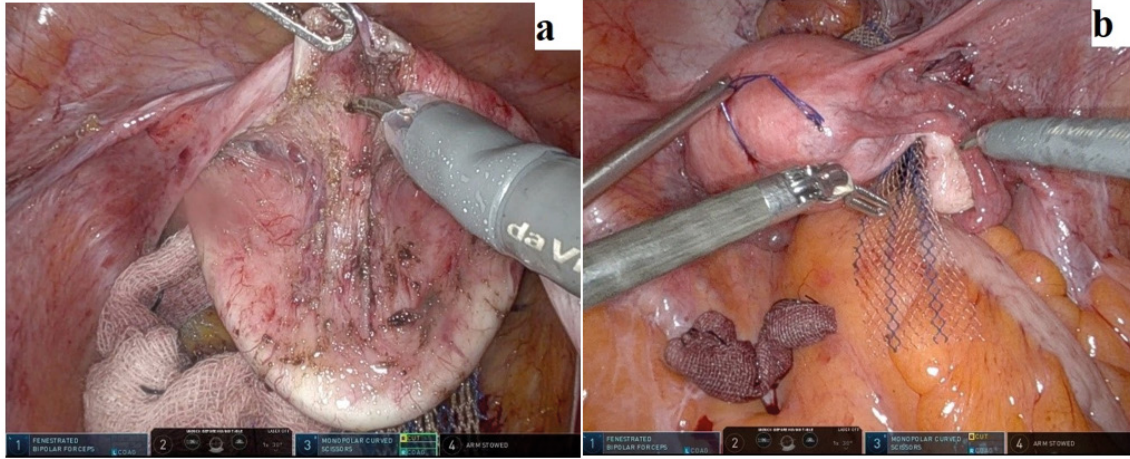
değerlendirmelerin detaylı ve multidisipliner yaklaşım ile yapılması oldukça önem taşır.

Posterior vajinal duvar prolapsusu, rektum ön duvarının vajinaya doğru fıtıklaşması olarak tanımlanabilir. Vajen arka duvarı bağ dokusunun zayıflaması ile ilişkili bu durum, posterior kompartman prolapsusu olarak da ifade edilir. Prevalansın %18-40 arasında olduğu bildirilmekle beraber üroloji ve jinekoloji kliniklerine başvuran hastalarda bu oranın %9 ile %76 arasında değiştiği raporlanmıştır. Posterior kompartman prolapsusu, sıklıkla hastaların yaşam kalitesini etkileyen ciddi fonksiyonel bozukluklarla beraberdir.

Patofizyoloji

Posterior kompartman prolapsusu tipik olarak rektosel ile birliktedir. Ancak rektosele yadsınmayacak sıklıkla peritoneosel, enterosel, intrarektal intususepsiyon (internal rektal prolapsusu) ya da eksternal rektal prolapsusun eşlik edebileceği unutulmamalıdır. POP için tanımlanmış başlıca risk faktörleri; multiparite, vajinal doğum, ileri yaş (postmenapozal östrojen eksikliği), intrabdominal basınç artışı (kronik öksürük, kronik konstipasyon, ağır kaldırma, iri doğum ağırlıklı bebek

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Resim 8. a) Histerektomili hastada rektapeksi sonrası vajen ön duvarı-mesane planı diseksiyonu b) Robotik rektopeksi ile kombine histerektomi (Dr. Ramazan Kozan arşivi)

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