Bölüm
85

ANORMAL UTERİN KANAMA YÖNETİMİ

Selim KARAKÜÇÜK[1]

GİRİŞ

Toplumda jinekoloji polikliniklerine başvuru sebepleri arasında ilk sıralarda yer alan anormal uterin kanamalar kadının yaşam kalitesini bozan, infertiliteye ve yüksek finansal giderlere yol açan bir sağlık sorunudur (1). Yaygın görülen bu sağlık probleminin iyi bilinmesi ve güncel tedavi yöntemlerinin takip edilmesi son derece önemlidir.

Bu bölümde anormal uterin kanama şikayetinin tanımı, sınıflaması, görülme sıklığı, patofizyolojisi, tanı ve tedavisi ile ilgili güncel bilgiler derlenerek, hekimlerin kolayca erişebileceği bir kaynak oluşturulması hedeflenmiştir.

TANIM VE SINIFLAMA

Normal adet döngüsü, hipotalamus-hipofiz-over aksının endometriyumla koordineli ilişkisi sonucu; endometriyal dokunun düzenli olarak dökülmesi, yeniden rejenere olması ve bunun siklik olarak tekrarlanmasıyla oluşur. Normal adet döngüsü hormonal, mekanik, sistemik ve metabolik birçok düzenleyici faktör ile endometriyum arasındaki karmaşık ilişkiye bağlıdır. Anormal uterin kanamalar (AUK), endometriyal doku ile düzenleyici faktörler arasındaki ilişkinin bozulması sonucu oluşan kanamalar olarak tanımlanmaktadır (2). AUK'ler, Tablo 1'de gösterildiği üzere altta yatan sebebin organik kaynaklı olup olmamasına göre iki ana başlık altında incelenmektedir. Kanama organik bir nedene bağlı değilse disfonksiyonel uterin kanama (DUK) adını almaktadır. AUK ile gelen bir hastaya, DUK tanısının koyulabilmesi için kanama yapan diğer tüm organik nedenlerin dışlanması gerekmektedir. AUK şikayeti ile başvuran hastaların %50-70'i DUK tanısı almaktadır. DUK'lerin %90'ı anovulasyon ile ilişkiliyken, sadece %10'u ovulatuar DUK olarak tanımlanmaktadır (3).

Reprodüktif dönemdeki kadınlarda adet döngüsü 28±7 gün sürmektedir. Siklusun 4±2 gününde mens kanaması olmakta ve toplamda 40±20 cc kan kaybı meydana gelmektedir (4). AUK'ler normal adet döngüsünde meydana gelen sapmalar olarak da tanımlanabilmektedir. Menstruel siklustaki bu sapmalara göre AUK'ler Tablo 2'de özetlenmiştir.

Reprodüktif kadınlarda AUK'lerin iki ayrı sınıflamasının olması (*bkz* Tablo 1, Tablo 2) nedeniyle oluşan karmaşayı düzeltmek ve standart bir terminoloji oluşturmak amacıyla 2011 yılında FIGO (Uluslararası Jinekoloji ve Obstetrik Federasyonu) tarafından Şekil-1'de gösterildiği üzere yeni bir sınıflama sistemi oluşturulmuştur. Yapılan en büyük değişim AUK'nin eski sınıflamasında kullanılan DUK tanımının sınıflama dışına çıkartılmasıdır. Yeni sınıflamada menoraji yerine ağır menstrüel kanama, metroraji yerine intermenstrüel kanama tanımları kullanılmıştır. Akut AUK hekimin acil müdahalesini gerektirecek kadar fazla olan kanamayı ifade ederken, kronik AUK ayaktan tedavi edilebilen ve en az 6 aydır devam eden

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unutulmamalıdır. Tedavi hastaların tıbbi geçmişine, yaşına, doğurganlık isteğine, risk faktörlerine göre bireyselleştirilmelidir. Kanama sonrası sıklıkla görülen anemi düzeltilmelidir. AUK şikayetinin altında yatan sistemik, anatomik, hormonal patolojiyi belirleyerek nüks ihtimali en aza indiren ve kadının yaşam kalitesini en çok arttıran tedavi yolu tercih edilmeli ve gereksiz cerrahiden kaçınılmalıdır.

Anahtar Kelimeler: Anormal uterin kanamalar, etyoloji, yönetim

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