

Laparoskopik Isthmocele Tamiri ve Klinik Sonuçları

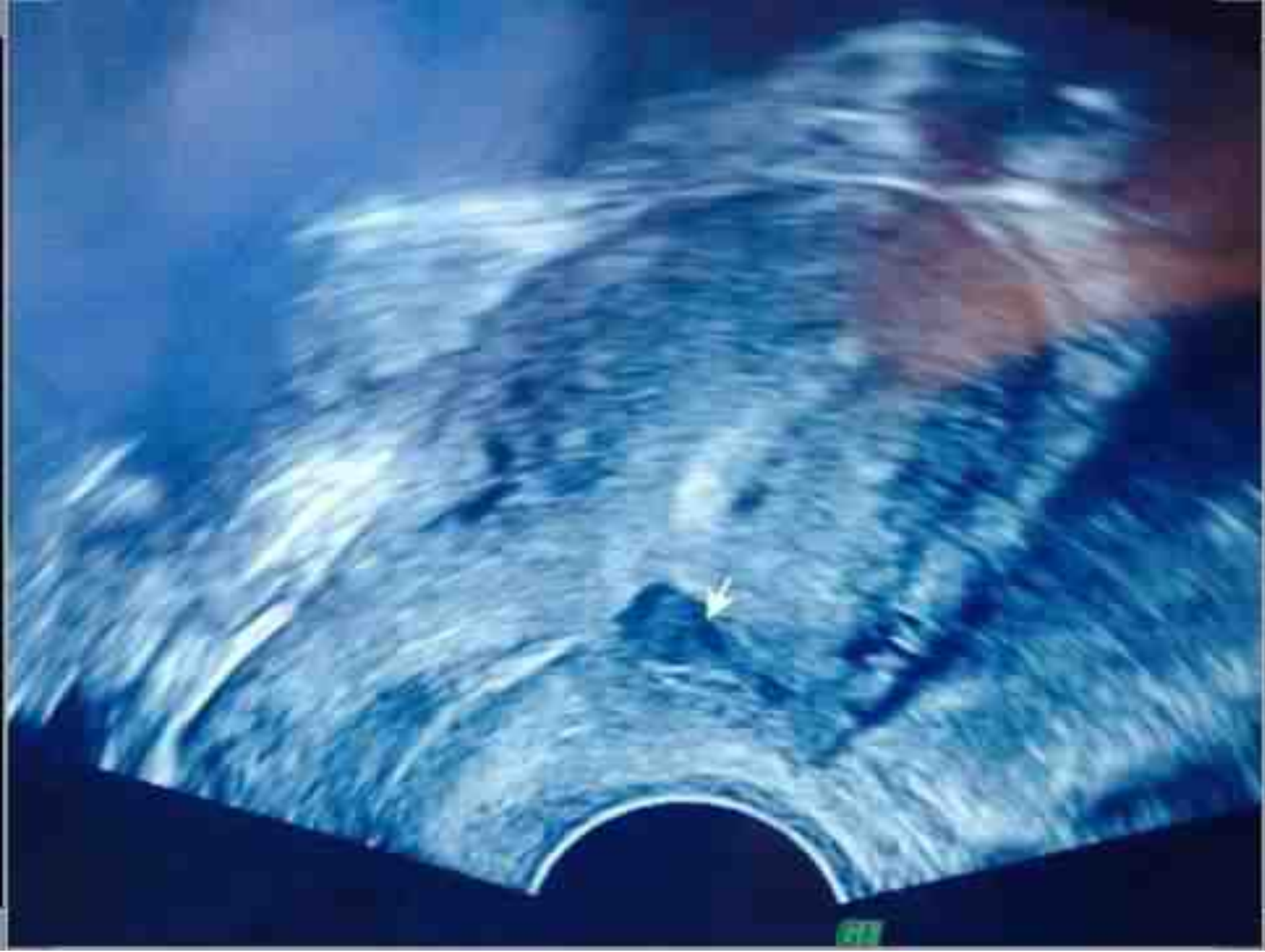
**V. ÜREME TIBBİ VE
CERRAHİSİ DERNEĞİ
KONGRESİ**

**28 - 31 Ekim 2015
Cornelia Diamond Resort
Belek, Antalya**



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Morris 1995

Sezaryen

gecirmis 51 histerektomi specimeni
including distortion and widening of
the lower uterine segment (75%)

Int J Gynecol Pathol. 1995 Jan;14(1):16-20.

Surgical pathology of the lower uterine segment caesarean section scar: is the scar a source of clinical symptoms?

Morris H¹.

Residual
myometrium



Isthmocele

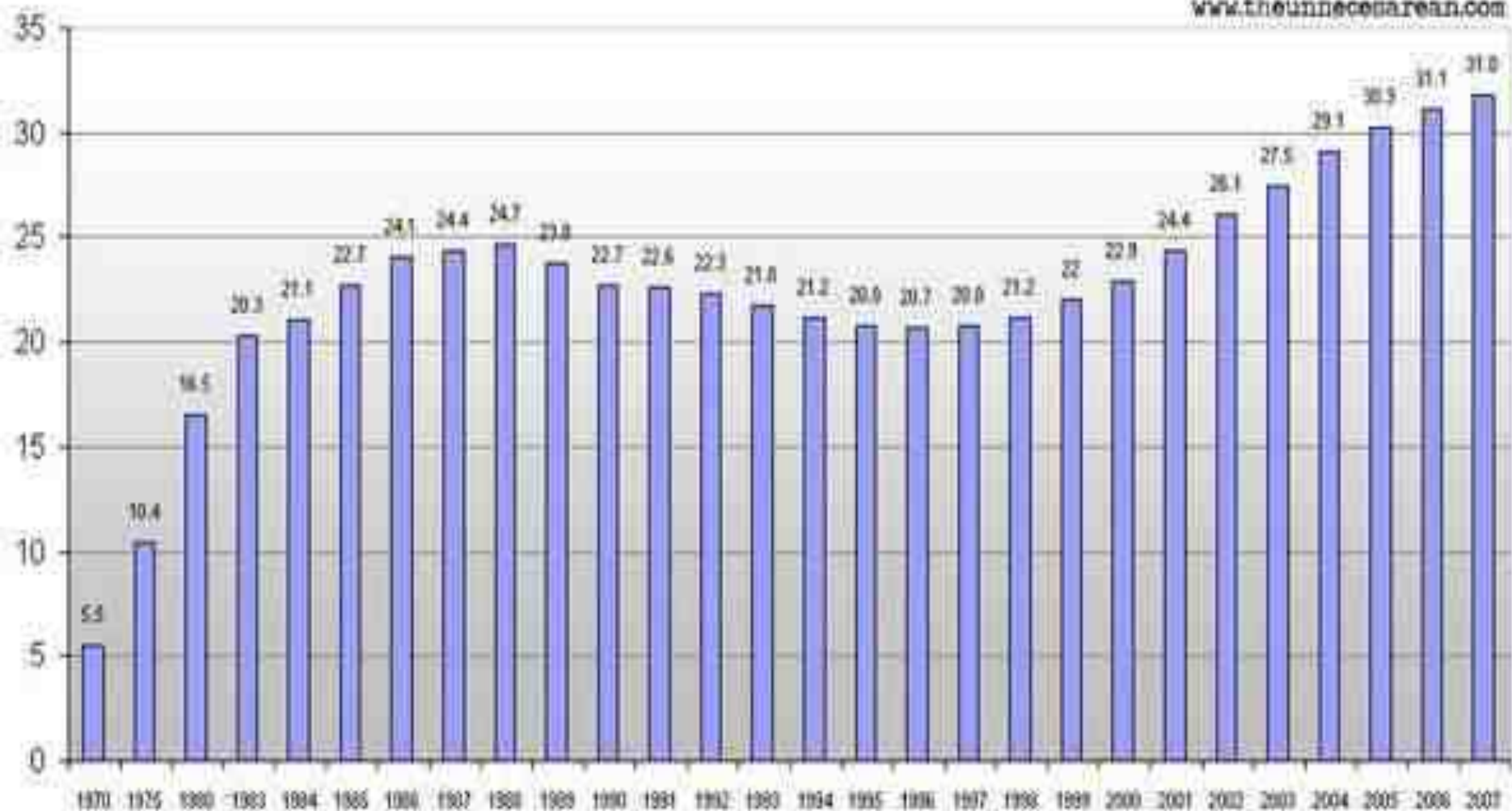


Catheter

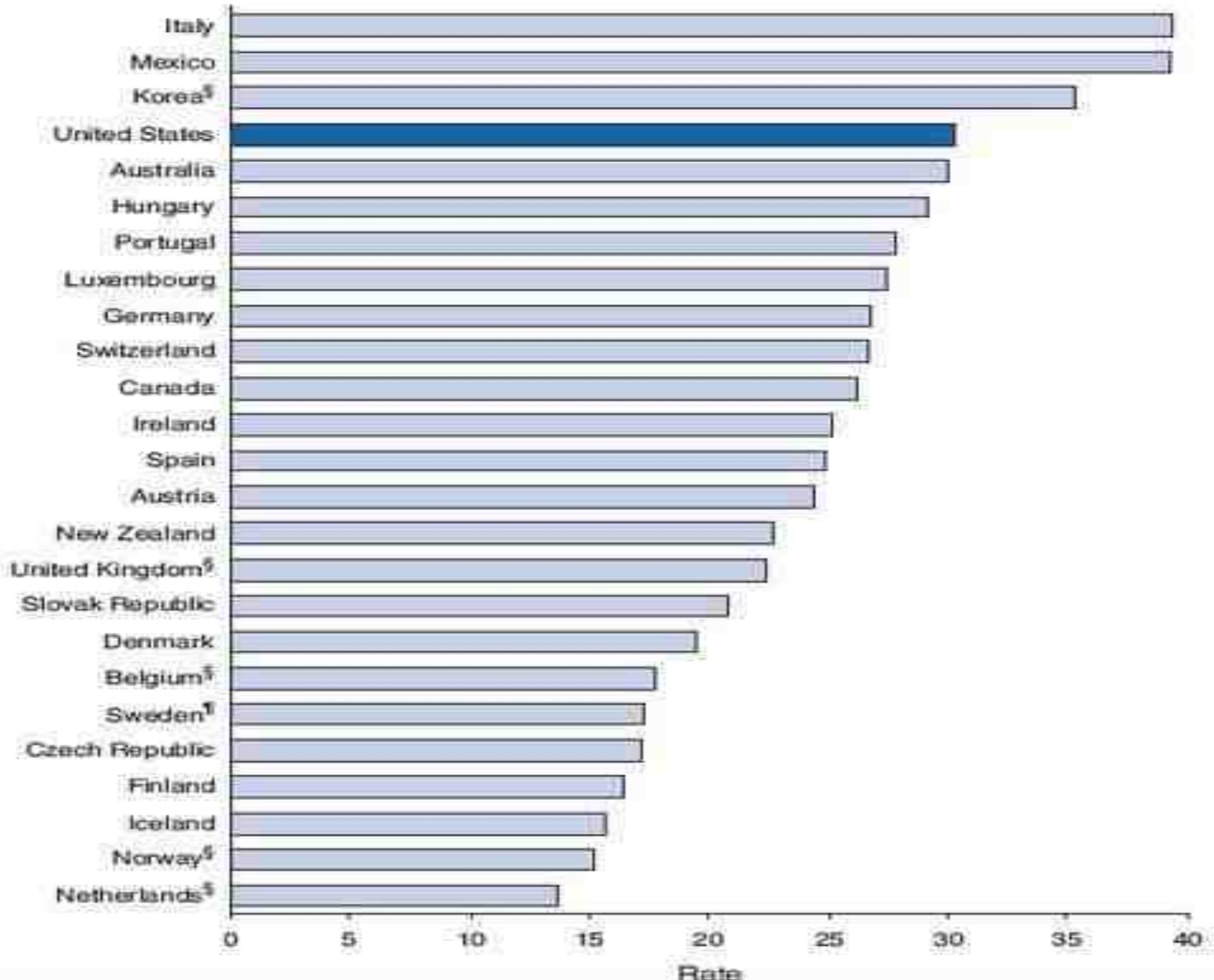


Total United States Cesarean Rate, 1970- 2007

www.theunnecesarean.com



Source Data: http://www.cdc.gov/nchs/data/br/b14v04r04_04.pdf
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1547267/?page=2>
<http://www.cdc.gov/mmwr/preview/mmwrhtml00036845.htm>





SEZARYEN ORANLARI

Kurumlar		Sezaryen Oranı (%)					Primer Sezaryen Oranı (%)				
		2009	2010	2011	2012	2013 İlk 6 Ay	2009	2010	2011	2012	2013 İlk 6 Ay
Devlet	İl										
	Türkiye	39,3	40,2	36,8	35,3	36,0	24,3	22,3	17,6	15,4	15,5
Özel	İl										
	Türkiye	61,8	63,7	66,6	66,2	67,7	40,8	36,3	38,3	37,3	38,2
Üniversite	İl										
	Türkiye	63,2	65,2	65,9	62,6	62,8	42,6	38,4	37,4	33,6	32,4



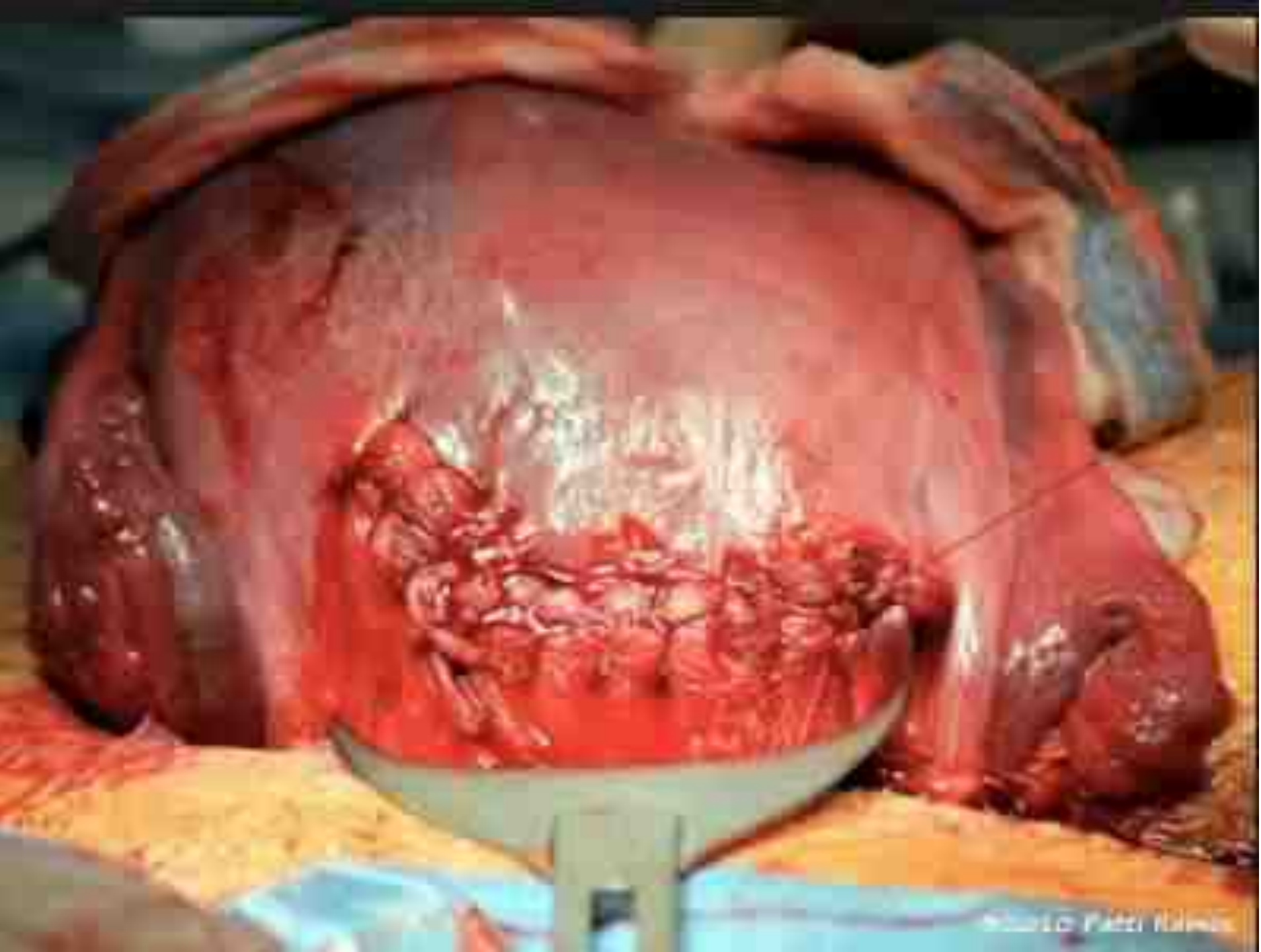
HASTANE DOĞUMLARI ve SEZARYEN DEĞERLERİ

	Hastane Doğum Oranı* (%)		Sezaryen Oranı ** (%)		Primer Sezaryen Oranı*** (%)	
	İl	Türkiye	İl	Türkiye	İl	Türkiye
2009		89,4		42,7		27,2
2010		91,6		45,5		25,7
2011		93,7		46,6		24,9
2012		96,8		48,0		24,6
2013 İlk 6 Ay		98,3		50,3		25,8

*Hastane doğum verileri illerden aylık gönderilen formlardan hesaplanmaktadır.

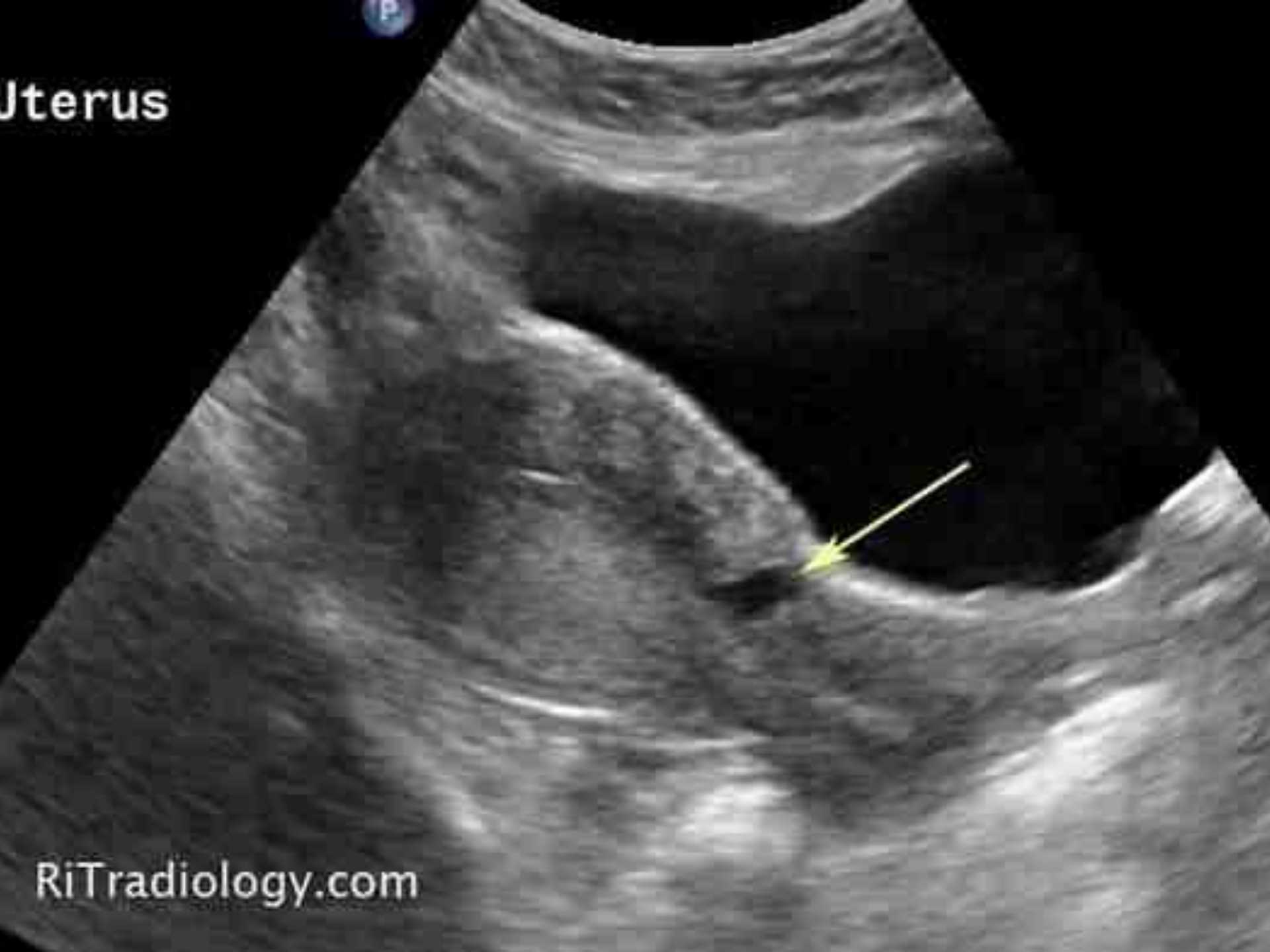
**Sezaryen Oranı: $(\text{Toplam Sezaryen Sayısı} / \text{Toplam Doğum Sayısı}) \times 100$

***Primer Sezaryen Oranı: $(\text{Primer sezaryen Sayısı} / \text{Toplam Doğum Sayısı}) \times 100$





Uterus





67

1.2cm
Hurler
29/100
Gn
66 / M
E
PRI

Uterine
Cavity

myomet

sac

Bl

vag

cervix

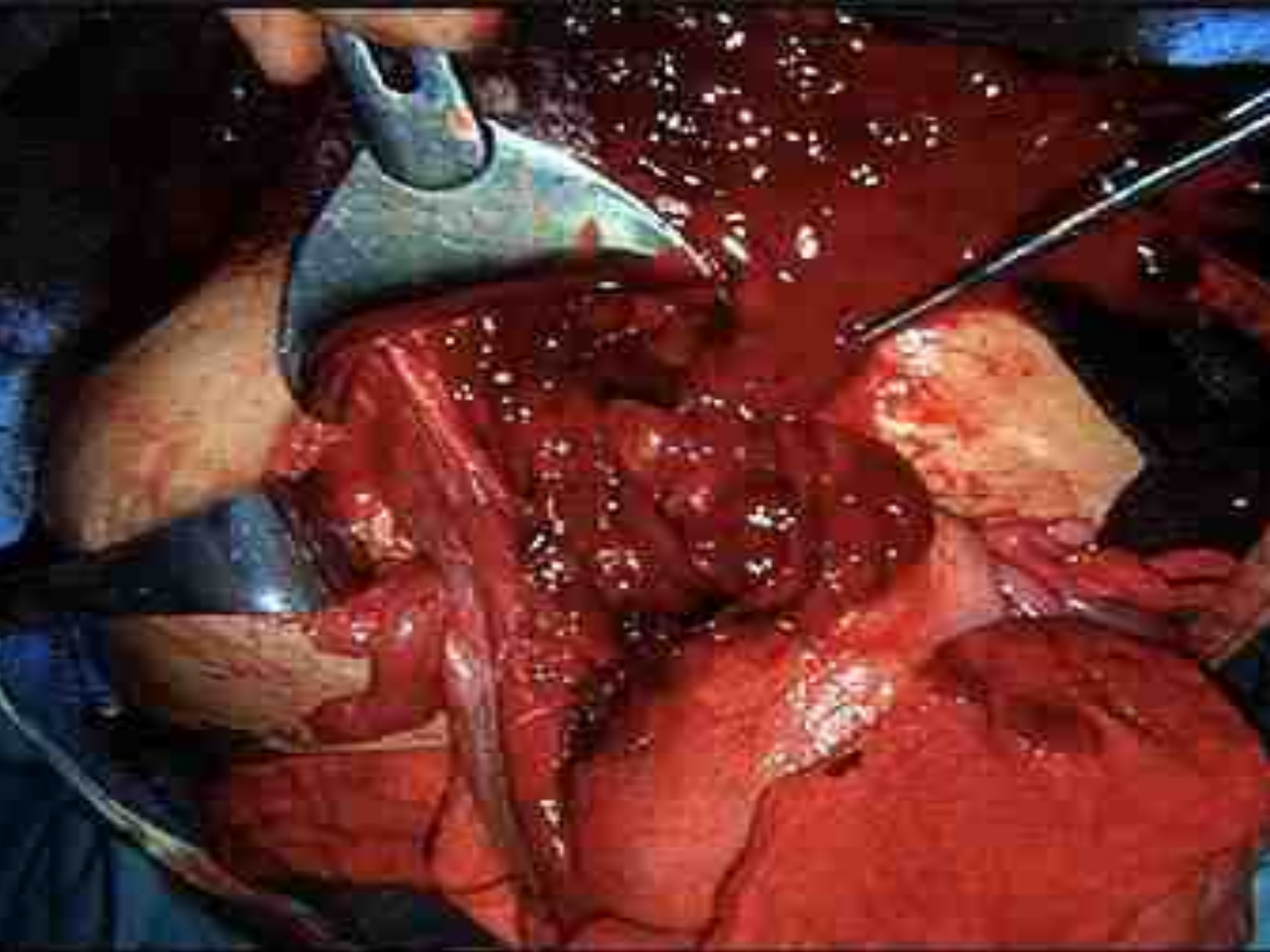


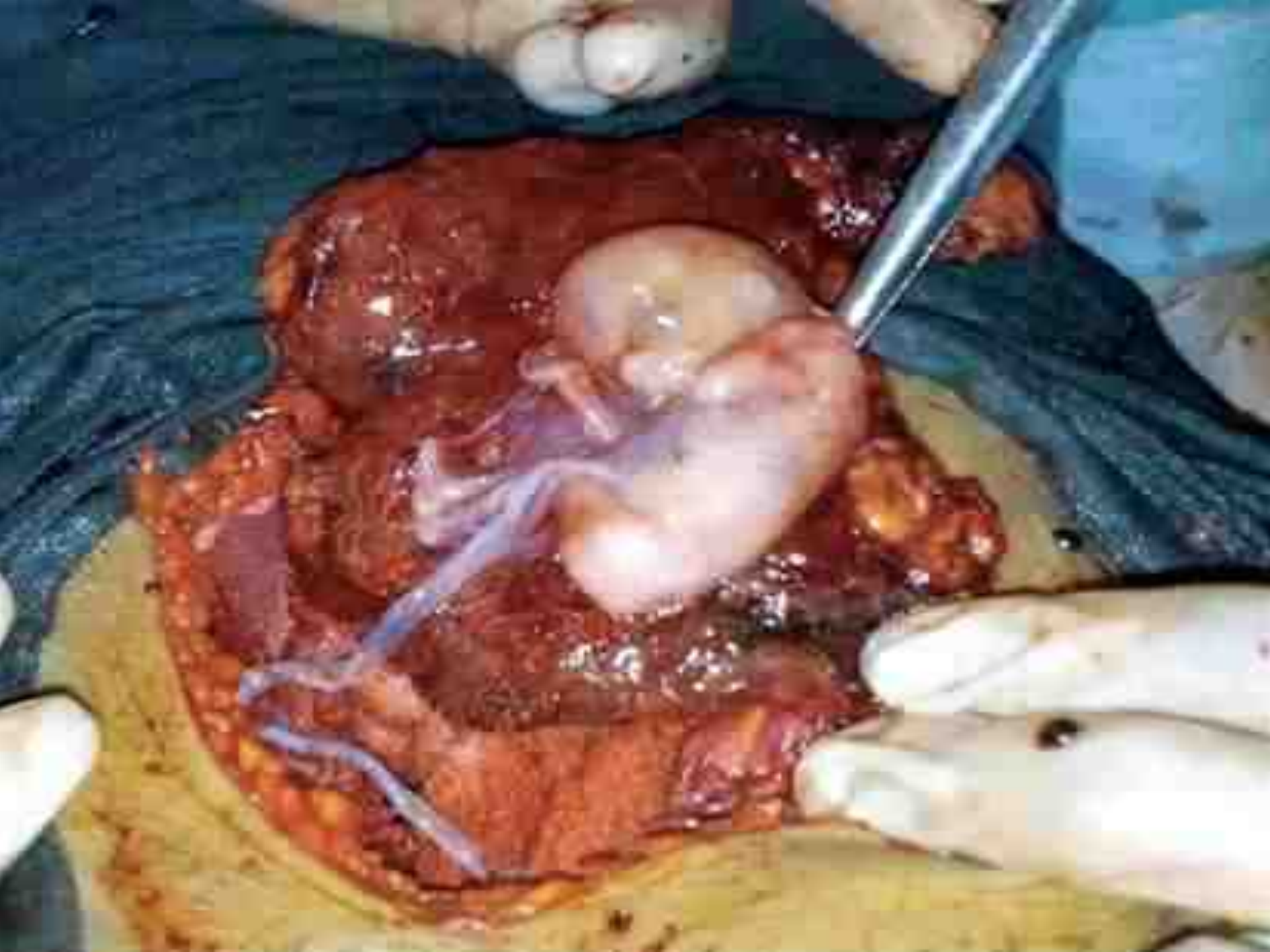
IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861. Volume 13, Issue 1 Ver. IX. (Feb. 2014), PP 44-47
www.iosrjournals.org

Silent Scar Dehiscence in Previous Lscs Patients: Six Case Reports Our Experience and Review of Literature

***Krishna Mandade¹, Shravani Chalasani¹, Bhavthankar DP²,
Dr. Sarita deshpande³**







Placenta
accreta





Fabres 2003, Belinda 2010, Donnez 2008, Gubbini 2011

AUK
Dismenore
Disparoni
CPP

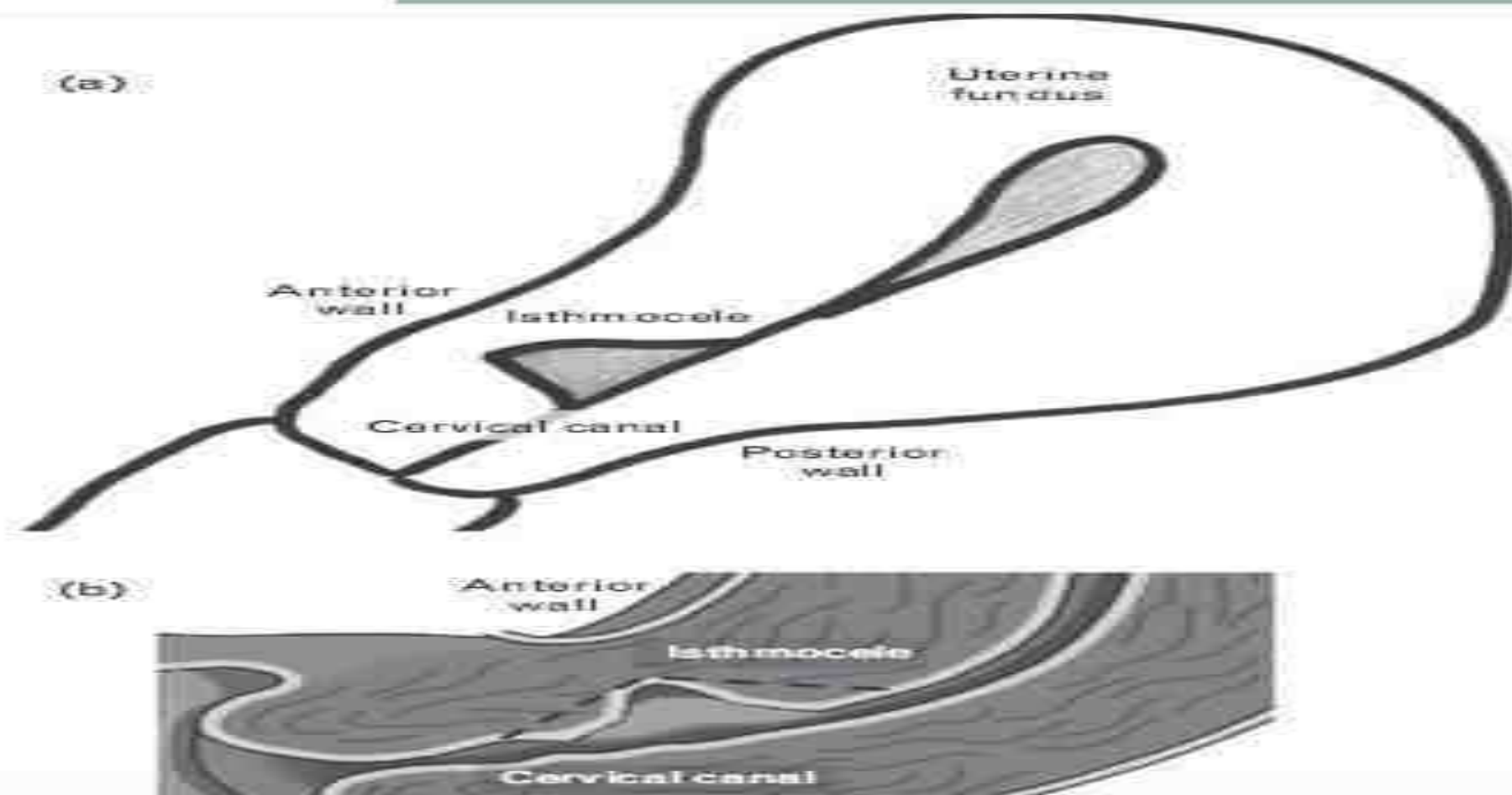


Wang 2009


Hysteroscopic treatment of the cesarean-induced isthmocele in restoring infertility

2012

*Pasquale Florio^{a,b}, Marco Filippeschi^b, Irene Moncini^a, Elena Marra^c,
Mario Franchini^d, and Giampietro Gubbini^e*





 ISTHMOCELE is a reservoir like pouch defects on the anterior wall of uterine isthmus located at the site of previous cesarean incision. Cesarean-induced isthmocele may lead to the occurrence of gynecological symptoms such as **abnormal bleeding, pelvic pain and infertility.**

Article in Press

Should Cesarean Scar Defect Be Treated Laparoscopically? A Case Report and Review of the Literature

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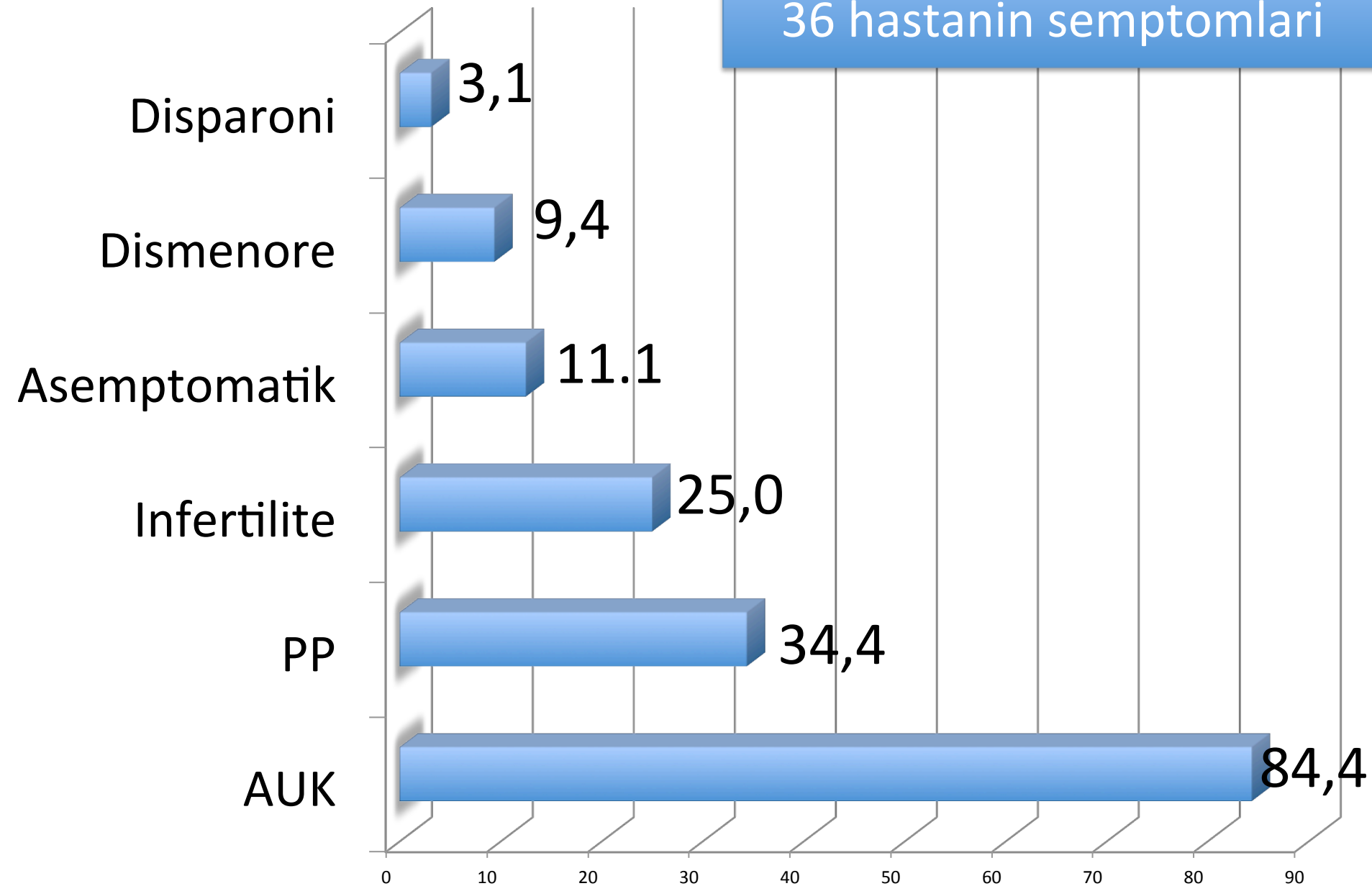


Ocak 2015 e kadar 36 hasta

- 3 hasta Klemm et al. 2005
- 3 hasta Donnez et al. 2008
- 2 hasta Yalcinkaya et al. 2011
- 13 hasta Marotta et al. 2013
- 17 hasta Li et al. 2014
- 1 hasta Api et al. 2015

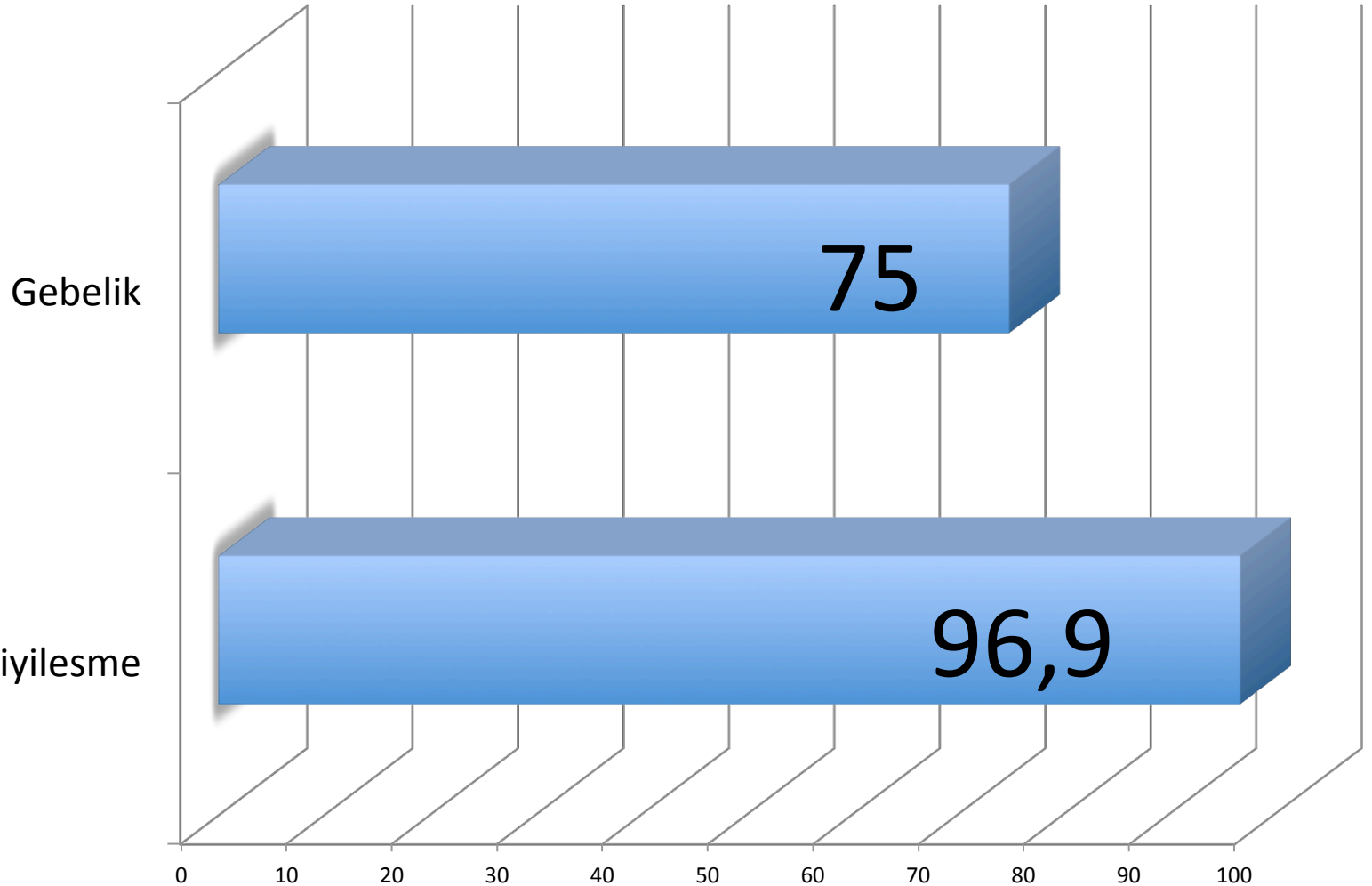
Symptoms	N
Asymptomatic	4
PP	1
IF	1
Dysmenorrhea	2
AUB	15
PP&AUB	5
PP&IF	1
IF&AUB	2
PP&AUB&IF	4
PP&AUB&Dysmenorrhea&Dyspareunia	1
Total	36

%
**Laparoskopik tedavi edilen
36 hastanın semptomlari**



Postop sonuclar

%



Gebelik

75

Semptomatik iyilesme

96,9

0 10 20 30 40 50 60 70 80 90 100

	Date & Journal	No of pt.	Presenting symptoms	Dx tool	Surgical approach	Operation time	Surgical instrument to excise defect	How to close	HS after repair	Peritoneal closure over the defect	Peri/post-operative complication
Klemm et al	2005 J Perinat Med	3	(3/3): PP and AUB	USG	LS used to excise the scar; defect repaired vaginally	117 min.	NR	3-4 separate monolayer with polydioxanone 0	No	Yes, used material NR	No
Donnez et al	2008 FS	3	(3/3): PP, AUB and IF	USG MRI HG HS	LS	NR	CO2 laser	4 separate monolayer with polyglactin 910 2/0	Yes	Yes, used material NR	No
Yalcinkaya et al	2011 J Reprod Med	2	(1/1): PP and IF (1/1): PP, AUB and IF	USG	Robotic excision	240 min.	Hook electrode	Double layer with polyglactin 910 2/0 and 3/0	No	Yes, used material NR	No

Marotta et al	2013 JMIG	13 (10 new)	(4/10): asymptomatic (3/10):AUB (2/10):dys menorrhea (1/10): PP, AUB,dys menorrhea, dys pareunia	USG MRI	LS	NR	CO2 laser	3 separate double layer with polyglactin 910 2/0	Yes	Yes, poly- glecaprone 25	No
Li et al	2014 J Perinat Med	41(17 pt treat ed by LS)	(11/17): AUB (2/17): AUB and IF (2/17): PP and AUB (1/17): PP (1/17): IF	USG HS	LS	65±26 min.	Ultrasound knife	Monolayer with polyglactin 910 1/0	Yes	Yes, used material NR	No

Api et al (our case)	2014	1	(1/1): AUB, recurrent pregnancy loss	USG HS	LS	42	Monopolar cautery	Continuous double layer with poly- dioxanone 3/0	No	Yes, poly- glycaprone 25	No
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	Follow-up and outcome	Postoperative recommendation	Residual myometrium covering defect before surgery	Myometrial thickness after surgery
Klemm et al	(median): 30 mo. (3/3); free of symptom	Avoid pregnancy for 6 months	NR	NR
Donnez et al	3 mo. with MRI and USG (3/3); free of symptom (1/3): got pregnant	Using OC for 3 mo.	USG: (2/3): <1mm (1/3): 2.1mm	USG: 11mm 9.4mm 10.1mm
Yalcinkaya et al	3 and 11 mo. (2/2); normal menstruation resumed and got pregnant	Using OC for 2 mo.	USG: 1.2mm 1.4mm	USG: 2.5mm 2.6mm
Marotta et al	3 mo-4years (6/10); free of symptom	Avoid pregnancy for 3 months	USG: 1.6±1.04 mm MRI:	MRI: 9.8±1.04 mm

Li et al	3-16 mo. (12/17): free of symptoms (4/17): got pregnant (1/17): AUB continued	Use contraception for 6 mo.	USG: <2.5mm	USG: >3mm
Api et al (our case)	3 mo. (1/1): free of symptom	No recommendation	USG: 1.5mm	USG: 13.1mm

Eve goturulecek mesajlar

- Ulkemizde sezaryen oranlarini dusurmeliyiz
- Sezaryen olmus semptomatik hastalarda “isthmocele” akla getirilmeli ve arastirilmali
- Semptomlari aciklayacak baska sebep yoksa sezaryen skar defekti cikarilmali
- Myometrial kalinalik restorasyonu yonunden:
Laparoskopi>Histeroskopi

