



BÖLÜM 9

FERTİLİTENİN KORUNMASI

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GİRİŞ

2018 yılında, dünya çapında yaklaşık 8.6 milyon kadının kanser ile mücadele ettiği tahmin edilmektedir⁽¹⁾. Tarama testlerinin etkin kullanımı ve artan toplumsal bilinç sayesinde kanser tespit yaşı düşmekte ve bunun sonucu olarak üreme çağındaki birçok kadına kanser tanısı konulmaktadır. Erken teşhis ve etkin tedavi yöntemleri sayesinde hastaların yaşam süreleri uzamıştır. Ancak kemoterapi ve radyoterapi gibi kanser tedavileri over fonksiyonlarını ve gelecekteki doğurganlık yetisini bozabilmektedir. Bu yüzden çocuk, adolesan ve üreme çağındaki kanser hastalarının fertilitesinin korunması önem kazanmaktadır⁽²⁾.

Kemoterapinin etkisi hastanın tedavi sırasındaki yaşı, kullanılan ajanın doğası, uygulama dozu ve süresi dâhil olmak üzere birçok parametreye bağlıdır. Siklofosfamid gibi alkilleyici ajanlar, büyük foliküler kayba neden olan çok belirgin bir gonadotoksisiteye sahiptir. Kullanılan doz ne kadar yüksekse toksitenin o kadar yüksek olduğu açıktır. Birkaç kemoterapotik ajanının kombine edilmesi gerektiğinde foliküler kayıp da artabilir. Gonadal fonksiyon üzerindeki etki geri dönüşlü veya geri döndürülemez olabilir. Geçici amenore, olgunfoliküllerin yok edilmesinden kaynaklanırken, kesin amenore primordial folikülerin kaybından kaynaklanabilir⁽³⁾. Radyoterapi de fertilité kaybına neden olur.

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SONUÇ

Kadınlarda onkolojik veya onkolojik olmayan çeşitli hastalıklar direkt veya tedavi yöntemlerine bağlı olarak fertilité potansiyelini etkileyebilir. Temel amaç bu hastalıklara bağlı ölümleri azaltmak olsa da artan hayatı kalma oranlarıyla hastaların yaşam kalitesi ve doğurganlık potansiyelinin sürdürülmesi de önemsenmektedir. Erken over yetmezliği ile ilişkili cerrahi, kemoterapi ve radyoterapi ile tedavi edilen malign veya benign hastalıklar fertilitenin korunması için iyi endikasyonlardır. Hasta için en uygun fertilité koruyucu yöntem medikal onkoloji, radyasyon onkolojisi, jinekolojik onkoloji, üreme sağlığı ve psikiyatri alanında uzmanlardan oluşan multidisipliner bir ekip tarafından belirlenmelidir. Hastalara tedavi seçenekleriyle ilgili kanıt dayalı bilgiler verilmeli, olası riskler ve gelişebilecek komplikasyonlar anlatılmalıdır.

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