

## Bölüm 37

# JİNEKOLOJİK KANSERLERDE FERTİLİTE KORUYUCU YÖNTEMLER

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### GİRİŞ

Gelişmekte olan ülkelerde ilk doğumdaki ortanca yaş, sosyal sebeplerden dolayı ebeveynliği erteleme eğilimi nedeniyle sürekli artmaktadır [1]. 2006 ve 2010 arasında, ilk gebeliği olan 40 yaşından büyük hastaların yüzdesi yaklaşık %20'lerde iken günümüzde bu oranın daha da yüksek olduğu tahmin edilmektedir [2,3].

Dolayısı ile hem çocuk doğurma yaşı ileriye doğru kaymakta hem de kanser tanısı konulduğunda hastaların çoğunluğu ilk çocuklarına henüz gebe kalamamış olmaktadır. Üreme çağındaki kadınların önemli bir kısmı jinekolojik kanserlerden etkilenmekte ve kanser tanısı aldıklarında yapılacak standart tedavi ile (radikal cerrahi ve kemo ve / veya radyoterapi) üreme yeteneklerini kaybedip steril kalmaktadırlar [4].

Bu hastalar için steril kalmak oldukça moral bozucudur. Dolayısıyla ile oluşacağı pek hesaba katılmayan bu komplikasyon hastaların hayat kalitesini düşürerek kanser tedavisine olan uyumu belirgin şekilde azaltmaktadır. Bu nedenle, fertilitenin korunması jinekolojik kanser hastalarında dikkatli bir şekilde değerlendirilmeli, yarar zarar oranı iyi tartılarak ve işlemler referans merkezlerde yapılmalıdır [5].

### FERTİLİTEYİ KORUMA SEÇENEKLERİ

#### Serviks Kanseri

Serviks kanseri jinekolojik kanserler arasında dördüncü en sık görülen kanser tipidir. Serviks kanseri tanısı alan hastaların %43'ü, 45 yaşın altında olan hastalardır ve çoğunlukla fertilitite potansiyelini korumak isteyen hastalardır. Serviks kanserinin tedavisi evresine göre değişmekle birlikte standart tedavisi radikal

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**Anahtar Kelimeler:** jinekolojik kanser, fertilitate koruyucu cerrahi, konservatif tedavi

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