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OVULASYON İNDÜKSİYON YÖNTEMLERİ VE İZLEM

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GİRİŞ

İnfertilite bir birey yerine bir çifti kapsar. İnfertilite, 35 yaşından küçük kadınlarda 12 ay veya ≥ 35 yaş kadınlarda 6 ay kontrasepsiyon uygulamadan düzenli cinsel ilişkiye rağmen bir çiftin gebelik elde edememesi olarak tanımlanır (1). İnfertilite çiftlerin yaklaşık %10-15'ini etkilemektedir (2). İnfertilitenin etyolojisinde, %14-20 tubal faktör, %30 male faktör, %10-13 pelvik/uterus anormalikleri ve % 21-25 oranında ovulatuar disfonksiyon vardır (3). Anovulasyon, infertiltenin yegane nedeni olduğunda modern ovulasyon indüksiyonu (OI: ovulation induction) stratejileri oldukça efektif olup iyi gebelik sonuçları sağlamaktadır (3). OI ilaçları, dominant folikül gelişimini, androjenlerin östrojenlere konversiyonunu engelleme, östrojen reseptörleri üzerinde antagonist etki, insülin sensitizasyonu, hipotalamusun stimulasyonu ile gonadotropin salgılatma gibi mekanizmalarla sağlamaktadır. Seçilmiş vakalarda laparoskopik ovarian drilling (LOD) second-line tedavi olarak düşünülebilir (4).

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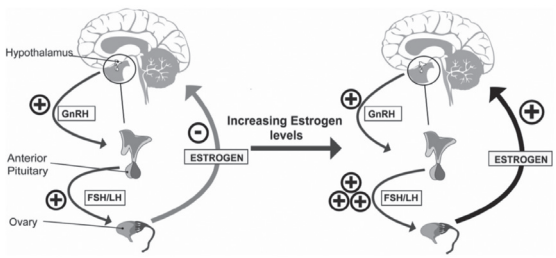
Ovulatuar disfonksiyon, infertilite nedeni ile başvuran çiftlerin yaklaşık %18-25'inde (5,6), kadın kaynaklı infertilitede ise %40 oranında görülmektedir (2). Normalde, her ay bir overden bir ovum atılır ve 12 ile 24 saatlik bir süre içinde sperm hücrelerini karşıladığında döllenebilir. Ovulatuar disfonksiyonda ise her ay ovulasyon olmamakta bu da gebelik şansını azaltmaktadır. İnfertilitenin major nedenlerinden olan anovulasyonun klinik bulgusu oligomenore (intermenstrüel periyot >35 gün) ya da amenore (intermentrüel periyot >6 ay) varlığıdır. Oligomenoreik kadınlarda bazı sikluslar ovulatuar olabilir ancak sikluslar arasındaki süre ne kadar uzun ise o siklusun ovulatuar olma olasılığı o denli azalır. Matür bir oosit oluşumu hipotamus, anterior hipofiz ve overler (HPO aksı) arasında yoğun koordinasyon gerektiren kompleks feed-back sistemi ile sağlanır (Figür 1) (7). Bu yolun herhangi bir noktasında düzensizlik, infertiliteye yol açan ovulatuar disfonksiyon, hatta ovarian yetmezlik ile sonuçlanabilir (8).



Figür 1: Hipotalamik–pituiter–ovarian aks (Lindheim SR, Glenn TL, Smith MC, et al. Ovulation Induction for the General Gynecologist. J Obstet Gynecol India. 2018; 68(4):242–252).

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Anahtar Kelimeler: Anovulasyon, ovulasyon indüksiyonu, izlem

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