

# POLİKİSTİK OVER SENDROMUNDA OVULASYON İNDÜKSİYONU

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## GİRİŞ

Polikistik over sendromu (PKOS); kadınlarda kronik anovulasyon ve buna bağlı olarak görülen anovulatuvar infertilitenin en yaygın sebebidir (1,2). Reprodüktif çağıdaki kadınların yaklaşık %5-10 kadarını etkilediği düşünülmektedir (2). Sendrom tipik olarak kendini hiperandrojenizmin klinik bulguları, ovulatuvar disfonksiyon, infertilite ve ultrasonda polikistik overlerin izlenmesi ile göstermektedir (3). Pek çok endokrinolojik ve metabolik tablo ile karşımıza çıkabilen polikistik over sendromunda oligomenore, amenore gibi menstrüel düzensizlikler; hiperandrojenizme bağlı bulgular olan hirsutizm ve akne oluşumu; insülin rezistansı ve bununla ilişkili olarak ortaya çıkabilecek patolojiler olan hiperinsülinemi, glukoz intoleransı, obezite, dislipidemi, kardiyovasküler hastalıklar, hipertansiyon oluşumu; ayrıca ovulatuvar fonksiyonlarda bozulma ile dominant folikül oluşumunun etkilenmesi ve anovulasyona bağlı infertilite oluşumu gibi pek çok metabolik ve endokrinolojik komorbidite görülebilmektedir (3).

Farklı çalışmalarda PKOS'lu hastalarda yaklaşık %40'tan %75'lere kadar değişen oranlarda infertilite görüldüğü belirtilmiştir (4,5). Bunların büyük çoğunluğunun da anovulasyona bağlı olduğu düşünüldüğünde, polikistik over sendromlu hastaların tedavisinde ovulasyon indüksiyonunun önemli ortaya çıkmaktadır. PKOS'lu hastaların pek çoğu yaşadıkları anovulatuvar süreçler nede-

niyle gebelik elde etmede zorlanmakta ve bu nedenle de ovulasyon indüksiyonu protokollerine yönlendirilmektedirler. Yine polikistik over sendromlu hastaların ovarian hiperstimulasyon sendromu (OHSS) açısından daha riskli bir grup olduğu da bilinmektedir (6). Bu açılardan PKOS'da ovulasyon indüksiyonu, ayrı bir başlık altında irdelenmesi gereken ve infertilite tedavisinde özellik arz eden bir konudur.

## Polikistik over sendromu tanısı

PKOS tanısı için çoğunlukla 2003 Rotterdam kriterleri kabul görmektedir. Buna göre şu üç kriterden ikisinin bulunması PKOS tanısı için yeterlidir (7,8):

- oligo/anovulasyon (ovulatuvar disfonksiyon),
- hiperandrojenizmin klinik veya biyokimyasal belirtileri,
- ultrasonda polikistik over görünümü olması.

Ayrıca hiperandrojenizme neden olan diğer nedenlerin de dışlanmış olması gerekmektedir.

Bunun dışında bazı çalışmacılar tarafından kabul edilen National institutes of Health (NIH) kriterlerine göre ise hiperandrojenizmin klinik ve laboratuvar bulgularının olması yanında ovulatuvar disfonksiyona bağlı oligo/anovulasyon bulunmalı ve yine hiperandrojenizme neden olan diğer nedenler dışlanmış olmalıdır (7,9). Görüldüğü gibi NIH kriterleri PKOS tanısı için ultrason görüntüsüne ihtiyaç duymamaktadır (9). PKOS tanısı için kullanılan bir diğer sistem ise Androgen

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