Bölüm 20

POLİKİSTİK OVER SENDROMU

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Polikistik over sendromu (PKOS) üreme çağındaki kadınlarda en sık karşılaşılan jineko-endokrinolojik hastalıktır. Kullanılan tanı kriterlerine göre prevalansı çeşitlilik göstermekle beraber üreme çağındaki kadınların ortalama %9 ile %18'ni etkilemektedir (Azziz & ark., 2004), (Asunción & ark., 2000), (March & ark., 2010).

PKOS multifaktöriyel bir hastalıktır ve bireysel duyarlılık muhtemelen çoklu genetik ve çevresel risk faktörleri ile ilişkilidir. Öncelikli olarak ovülatuvar disfonksiyon ve hiperandrojenizm ile karakterize olmakla beraber (Azziz & ark., 2004), (Asunción & ark., 2000) klinik prezentasyon farklılık gösterebilmektedir ve hastalar çeşitli şikayetlerle başvurabilmektedir (Tablo1). Klinik prezentasyondaki bu çeşitlilik inutero androjen maruziyeti (Abbott, Tarantal, & Dumesic, 2009), beslenme alışkanlığı, genetik faktörler, etnik köken ve insülin direnci gibi çeşitli faktörlerden etkilenmektedir (Oberfield, Sopher, & Gerken, 2011), (Zhang & ark., 2013). Ayrıca obezite gibi çevresel faktörlerin altta yatan genetik yatkınlığı daha da kötüleştirdiği düşünülmektedir.

Tablo 1: PKOS'un klinik prezentasyonu
Hirşutizm, akne, alopesi
Düzensiz menstruel sikluslar, oligomenore, amenore
Ovulatuvar disfonksiyon, infertilite
Tip 2 DM, dislipidemi ve hipertansiyon için artmış risk

PKOS TANI KRİTERLERİ

Ulusal Sağlık Enstitüleri (NIH) Konsensusu 1990 yılında PKOS tanı kriterleri olarak klinik ve/veya biyokimyasal hiperandrojenizm ve oligo/anovülasyon varlığını kabul etti (Zawadzki & Dunaif, 1992). Daha sonra 2003 yılında Roterdam Konsensus, bu iki tanı kriterine ek olarak ultrasonda polikistik over (PKO) görüntüsünün bulunmasını yeni tanı kriteri olarak belirledi ve bu üç kriterden ikisinin beraber bulunmasını tanı koydurucu olarak kabul etti (Fauser, 2004). Buna karşılık, AEPCOS (Androjen Excess and PCOS Society) 2006 yılında polikistik

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kombinasyonu ile karşılaştırıldığında metformin ve CC kombinasyonunun daha fazla gebelik ve ovülasyon oranlarına sahip olduğu saptanmıştır (Morley & ark., 2017). Literatür ayrıca metforminin obez olmayan kadınlarda da etkili olduğunu destekliyor (Morley & ark., 2017). Bu yüzden metformin CC dirençli PKOs'lu hastalarda CC ile kombine edilebilir.

CC dirençli PKOS'lu hastalarda egzojen gonadotropinler ovülasyon indüksiyonu için iyi bir tercihtir ve ikinci basamak tedavi olarak kullanılabilir (Mol & ark., 2015). Ovülasyon indüksiyonu için gonadotropin tedavisi alan kadınlara eş zamanlı metformin verilmesinin canlı doğum oranlarını artırmaktadır (Bordewijk & ark., 2017).

CC dirençli anovülatuvar infertil kadınlarda ovülasyon indüksiyonu için laparoskopik ovaryen drilling başarılı ikinci basamak tedavi olarak kullanılabilir (Farquhar, Brown, & Marjoribanks, 2012). OHSS ve çoğul gebelik oranlarının düşük olması, karmaşık takiplere gerek olmaması, fizyolojik ovulatuvar siklusların olması, uzun dönem reprodüktif ve endokrin fayda sağlaması bu tedavinin en önemli avantajlarıdır (Nahuis & ark., 2012).

Ovülasyon indüksiyonuna yanıt vermeyen anovülatuvar PKOS'lu kadınlarda ve tubal hasarı veya erkek subfertilitesi bulunan çiftlerde in vitro fertilizasyon (İVF) endikasyonu ortaya çıkar (Balen & ark., 2016). OHSS gelişme riskinin azlığından dolayı GNRH antagonit tedavi protokolü agonist tedaviye tercih edilir. Agonist tedavi protokolü kullanıldığında metforminin tedaviye eklenmesi gebelik oranlarını artırır ve OHSS gelişme riskini azaltır (Teede & ark., 2018).

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