

## BÖLÜM 40

# POLİKİSTİK OVER SENDROMU TANI VE TEDAVİSİ

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### Giriş

Polikistik over sendromu (PKOS) reproduktif çağıdaki kadınlarda yaklaşık % 5-10 oranında görülmekte olup infertiliteye neden olan en yaygın endokrin hastalıktır (1). İnfertil hastaların yaklaşık % 30'u non-ovulatuvar infertildir (2) ve bu grubun yaklaşık % 90'ında neden PKOS'tur (3).

PKOS kardiyovasküler hastalıklar ve Tip 2 diyabet riskinde artışla ilişkili bulunmuştur (4). Dolayısıyla metabolik, reproduktif ve psikolojik etkileri ile önemli bir halk sağlığı problemidir.

### Tanım

Son yıllarda birçok araştırmacı hastalığın etiyolojisi ve tedavisi üzerinde çalışmalar yapmaktadır. Ancak patogeneze net açıklanamamıştır. Herediter, çevresel ve embriyonik dönemde çeşitli faktörlerin ilişkili olabileceği düşünülmüştür (5-7).

PKOS bazı klinik ve metabolik anormalliklerle karakterize heterojen bir hastalıktır. Bu heterojen yapı kliniğe, hastanın şikayeti ile orantılı olarak, reproduktif ve/veya metabolik bozukluklar olarak yansımakta, bu da tedavi seçeneklerinde geniş varyasyonlara neden olabilmektedir.

### Tarihçe

Hastalığın semptomları ilk defa 1935 yılında Stein ve Leventhal tarafından tanımlanmıştır ve 1960'lı yıllarda PKOS olarak adlandırılıncaya dek Stein-Leventhal Sendromu adıyla bilinmekteydi. 1992 yılında Amerikan National Institute of Health (NIH) oligo-anovulasyona sekonder adet düzensizliği, klinik ya da biyokimyasal hiperandrogenizm bulguları ve klasik olmayan konjenital adrenal hiperplazi ya da androjen salgılayan tümörlerin dışlanması şeklinde üçlü tanı kriteri tanımlamış ve her üçünü de PKOS için şart koşmuştur (8).

2003 yılında Rotterdam toplantısında tanı kriterleri revize edilmiştir (9). Rotterdam toplantısında oligo-anovulasyon, klinik ya da biyokimyasal hiperandrogenizm bulguları ve polikistik over ultrason görüntülenmesi olmak üzere üç major kriter belirlenmiştir. Bu major kriterlerden ikisinin varlığını ve androjen salgılayan diğer hastalıkların dışlanmasını tanı için şart koşmuştur.

2006 yılında Androgen Excess Society (AES) üç kriter belirlemiştir. Bunlar, klinik ya da biyokimyasal hiperandrogenizm bulguları, over disfonksiyonu (oligo/anovulasyon ve/veya ultra-

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OHSS riski, IVF için kontrollü over hipers-timülasyonu uygulanan PKOS'lu kadınlarda yüksektir ve IVF döngüleri öncesinde veya sırasında Metformin uygulaması bu riski azaltabilir (98-100). En iyi kanıt IVF veya intrasitoplazmik sperm enjeksiyonu ve embriyo transferi (IVF / ICSI-ET) geçiren 1123 PKOS'lu kadın dahil olmak üzere 12 randomize klinik çalışmanın meta-analizinden gelmektedir (101). Metformin ile randomize edilen kadınlarda OHSS oranı (478'de 48 (% 10)), Metformin almayan kadınlardan daha düşük olduğu saptanmış: (469'da 84, % 18)(olasılık oranı [OR] 0. 43;% 95 GA, 0. 24-0. 78). Fark sadece BMI>26 kg / m<sup>2</sup> olan kadınlar için anlamlıydı. Ek olarak, diğer önceki raporlar gibi (99, 100), Metformin klinik gebelik oranlarını veya canlı doğum oranlarını iyileştirmediği görülmüştür. OHSS oranları, daha önceki rejimlerde birden fazla değişiklik kullanan birçok programda artık % 1'e kadar düşmektedir. OHSS için yüksek risk altındaki kadınlar için (aşırı kilolu veya PKOS'lu obez), stimülasyon rejimine Metformin eklemek OHSS riskini daha da azaltmak için makul bir seçenek olmaya devam etmektedir.

## Sonuçlar ve Öneriler

### Kanıt Düzeyi-A

- Diyet değişikliği ile birlikte egzersizdeki artışın, diyabet riskini ilaçla anlamlı oranda azalttığı gösterilmiştir.
- İnsülin duyarlılaştırıcı ajanlarla insülin duyarlılığının iyileştirilmesi, dolaşımdaki androjen seviyelerinde bir azalma, gelişmiş ovulasyon hızı ve gelişmiş glukoz toleransı ile ilişkilidir.
- PKOS'lu kadınlar için Letrozol, Klomifen sitrat ile karşılaştırıldığında canlı doğum oranının artması nedeniyle ovulasyon indüksiyonunda birinci basamak tedavi olarak düşünülmelidir.
- Lazer tedavisine Eflornitin ilavesi, hirsutizm tedavisinde tek başına lazere göre daha üstündür.

### Kanıt Düzeyi-B

- PKOS tanısı alan kadınlar, 75 gram glukoz yükleme testi ile Tip 2 diyabet ve bozulmuş glukoz toleransı açısından taranmalıdır.
- PKOS'lu kadınlar, VKİ, açlık lipid ve lipoprotein düzeyleri ve metabolik sendrom risk faktörleri belirlenerek kardiyovasküler risk açısından taranmalıdır.
- Vücut ağırlığındaki azalma, gelişmiş gebelik oranları ve azalmış hirsutizm ve ayrıca glukoz toleransı ve lipid seviyelerinde iyileşmeler ile ilişkilendirilmiştir.
- Özellikle PKOS'lu obez kadınlarda Metformin'e Klomifen sitrat eklenerek gebelik oranlarında artış olabilir.
- Klomifen sitrat veya Letrozol kullanımı gebeliğe neden olmazsa, önerilen ikinci basamak müdahale ya eksojen gonadotropinler ya da laparoskopik over cerrahisidir.

### Kanıt Düzeyi-C

- Kombine düşük doz hormonal kontraseptifler, en sık olarak uzun vadeli yönetim için kullanılır ve menstrual bozuklukların birincil tedavisi olarak önerilmektedir.
- Klasik olmayan konjenital adrenal hiperplazi riski taşıyan ve PKOS şüphesi olanlarda 17-hidroksiprogesteron seviyesi taranmalıdır.
- PKOS'lu kadınlarda gonadotropin kullanıldığında düşük doz rejimi önerilir.
- PKOS'ta hirsutizm için net bir birincil tedavi yoktur.

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