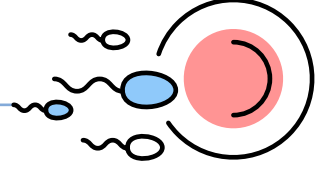


BÖLÜM 20



İNFERTİLİTE TANISINDA BİYOKİMYASAL PARAMETRELERE GENEL BAKIŞ

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GİRİŞ

Biyokimyasal parametreler bugün pek çok tıbbi hastalığın teşhisinde ve tedavisinde yön vericidir. Başarısız 12 aylık birlikteliğe rağmen çocuk sahibi olamayan bireylerde infertilite tanısı konulur ve bu problem bir çift sorunu olarak değerlendirilmeli, biyokimyasal testler hem kadın hem de erkek için yapılmalıdır (1). İnfertilitenin dünya çapında üreme çağındaki çiftlerin ortalama %10'nun etkilediği tahmin edilmektedir (2). Erkeklerde infertilite vakaları ortalama %25'inde bireysel olarak sorumlu olduğu, ancak toplam vakaların yarısında etkili olduğu bildirilmektedir (2). Erkek infertilitesi genellikle testise bağlı meydana gelmektedir (3). Kadınlarda ise dünya genelinde infertilitenin en yaygın tablosu üreme yolu infeksiyonlarıdır (4). Erken yumurtalık yetmezliği, polikistik over sendromu, endometriozis, rahim fibroidleri ve endometriyal polipler gibi hastalıkların kadın infertilitesinde rol oynadığı bilinmektedir (5). Hipogonadotropik hipogonadizm, hiperprolaktinemi, siliyer fonksiyon bozuklukları, kistik fibroz gibi rahatsızlıkların her iki cinsiyeti ortak olarak etkileyen hastalıklardır (1). Bu sebeple, tedavi sonuçlarında iyileştirmeler elde etmek için infertilitenin geniş bir tanısal değerlendirmeden geçmesi gerekmektedir. Bu bölümün amacı, infertil hastalarda biyokimyanın katkı yapabileceği parametrelerin hekimlere tanı ve tedavi sürecinde genel bir bakış açısını kazandırmaktır.

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