

Bölüm 48

GONADOTROPİN SALGILATICI HORMON ANALOGLARI VE ENDOMETRİOZİS: GÜNCEL STRATEJİLER VE YENİ ANLAYIŞ

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Bir önceki bölümde insanda GnRH fizyolojisi ve YÜT’de kullanımı ayrıntılı bir şekilde incelenmiştir. Bu bölümde ise analogların ve antagonistlerin endometriozis ve endometriozisle ilişkili infertilite tedavisinde kullanımının detayları ve pratik bilgiler okuyucuya aktarılacaktır. Özellikle agonistlerin IVF/ICSI öncesi kullanımı, cerrahi öncesi veya sonrası kullanımıyla ilgili soru işaretlerinin giderilmesi açısından faydalı bir bölüm olarak kabul edilen bu yazı Hatem Abu Hashim’in, “Gonadotrophin-releasing hormone analogues and endometriosis: current strategies and new insights” *Gynecological Endocrinology*, 2012; 28(4): 314–321’de yayınlanan derlemesinin çevirisidir. **Editorial**

Giriş

Endometriozis, reproduktif yaştaki kadınların %10-25’ini etkileyen östrojen bağımlı kronik inflamatuvar bir hastalıktır (1,2). Ancak, kronik pelvik ağrısı olan (>%33) ve infertil kadınlarda (%5-%50) yüksek prevelans oranları bildirilmiştir (3,4). Bunun da ötesinde endometriozis adolesanlarda da bildirilmiştir (2,5). Endometriozisin patognomonik bulgusu, endometriyum benzeri dokunun başta overler olmak üzere, pelvik periton, uterosakral ligament, Douglas boşluğu ve rektovajinal septum gibi uterin kavite dışındaki bölge-

lerde bulunmasıdır (1,6). Endometriozisin temel klinik bulgularının kronik pelvik ağrı ve infertilite olması kaydadeğerdir (1,2,6). Ptofizyolojik bir perspektiften bakıldığında gonadotropin salgılatıcı hormon analoglarının (GnRHAs) etkilerini klasik pitüiter down regulasyonun yanı sıra endometriyal hücrelerin kendisi üzerine direkt olarak ta etki ettiklerine ilişkin artan bilimsel kanıtlar vardır. Bu nedenle GnRH analogları bu karmaşık hastalığın farklı yönlerinin yönetiminde önemli bir medikal tedavi seçeneği olarak ortaya çıkmaktadır (7). Bu makalede endometriozisin patofizyolojik temellerine değinildikten sonra, GnRH analoglarının etki mekanizmalarına ilişkin son yayınların kapsamlı bir derlemesi yapılmış, GnRH analoglarının endometriozise bağlı ağrı ve infertilitenin yönetimindeki yeri ve adolesan vakaların tedavisindeki değeri ele alınmıştır. Ayrıca, elde edilen son bilgilerle pratik öneriler ve yeni bakış açılarının oluşturulması amaçlanmıştır.

Metod

Yukarda bahsi geçen anahtar kelimelerle son beş yıl içinde yapılmış ve İngilizce olarak yayınlanmış çalışmaları belirlemek üzere bir PubMed taraması yapılmıştır (son tarih 20 Ocak 2011). Bu arama ile 1483 makale (296’ sı derleme). Anahtar kelimeler

Tablo 2: Endometriyoziste GnRH analoglarının kullanımı ile ilgili güncel yaklaşımlar**Endometriyozisle ilişkili ağrı**

- İkinci basamak tedavi seçeneği olarak 6 ay boyunca kullanılırlar. Uzun dönem (>6 ay) kullanımlarda add-back tedavi gündeme gelmektedir. LNG-RIA ise diğer alternatif ikinci basamak tedavidir.

Endometriyozisle ilişkili infertilite

- İnfertiliteyi düzeltmekte ovulasyon baskılanması için kullanılması önerilmemektedir.
- IVF ya da ICSI uygulanan hastalarda uzun protokollerde ovaryan baskılama.
- IVF ya da ICSI öncesinde 3-6 ay kullanımı önerilmektedir.
- Derin infiltrate endometriyozisin iki basamaklı operatif laparoskopik tedavi protokolünde pituitier supresyon için kullanımı ileri sürülmüştür.
- Cerrahi öyküsü olan rekürren endometriyomalı hastalarda IVF tedavisi öncesi 3 ardışık ay kullanımı ileri sürülmüştür.
- Ovaryan endometriyomanın cerrahisinin gebelik oranlarına olumlu bir etkisi yoktur.

Adolesan endometriyozisi

- 16 yaşından küçüklerde önerilmez.
- Tanısı laparoskopi ile konfirme edilmiş ve KOK tedavisine rağmen persistan pelvik ağrısı olan 16 yaşından büyük adolesanlarda GnRH analogu bir add-back tedavi eşliğinde kullanılabilir.
- Rekürrensi önlemek için laparoskopik eksizyon sonrası postoperatif hormonal baskılama amacıyla 6 ay boyunca kullanılabilir.

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