

Bölüm 7

KADIN İNFERTİLİTESİ

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TANIM - EPİDEMİYOLOJİ

İnfertilite; korunmasız 1 yıl süren ilişkiye rağmen gebe kalamamak olarak tanımlanmaktadır (1). Her ne kadar bu tanım genel kabul görmüş ise de tam olarak standardize edilememiştir. Diğer bir tanım ise subfertilite olup, üreme yeteneğinde azalma olarak tanımlanmaktadır. Normal Şartlarda sağlıklı genç çiftlerin yaklaşık %85'i 12 ay içinde gebe kalabilmektedir (2-3). Fekundabilite; bir siklustaki gebelik oluşma şansı olup, normal sağlıklı çiftlerde yaklaşık %20-30 arasında değişmektedir. Fekundite; bir siklusta canlı doğum oranı olarak tanımlanır ve yaklaşık %20 olarak bildirilir (4,5). Birleşik Devletler verileri incelendiğinde infertilite prevalansı %7.4-%15.5 arası değişmektedir (6,7). Yapılan çalışmalar, bilinenin aksine Birleşik Devletler'de son 40 yılda infertilite prevalansında kaydedeğer bir artışın olmadığını göstermektedir ve hatta infertilite prevalansının azaldığı bilinmektedir (8). Yapılan çalışmalar, 1965 yılında infertil çift oranını %11.2, 2002 yılında %7.4, 2015 yılında %6.7 olarak vermektedir. Bununla beraber hem tedavi olanaklarının artması hem de farkındalığın artması sayesinde, infertilite kliniklerine başvuru ve infertilite kliniklerinin tedavi oranlarında artış bulunmaktadır (9).

ETYOLOJİ

Başarılı bir gebelik için korunmasız ilişki ile beraber ovulasyon, ovumun fallop tüpü tarafından tutulması, yeterli sayı ve kalitede spermin ilişki sonrasında servikste depolanması, ositin sperm tarafından tüp içinde fertilizasyonu, fertilize ovumun uterusu taşınması ve uygun bir mikroçevre ile beraber uterin reseptivitenin olması gibi karmaşık olaylar gereklidir. İnfertilite nedenleri popülasyonlar arasında farklılık göstermekle beraber infertilite merkezlerine, infertilite süresine

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Sonohisterosalpingografi (Salin infüzyon sonografi-SIS)/ Histerosalpingo-Kontrast Sonografi (HyCoSy)

SIS intrauterin patolojilerin tanımlanmasında HSG'den daha fazla duyarlıdır. Tubal patensi değerlendirmede ise yetersizdir. Son yıllarda yeni medyumların ortaya çıkması, ultrasound teknolojisinin gelişmesiyle 3D probe teknolojisinin entegrasyonunu sağlanması, HyCoSy prosedürünü gündeme ve klinik pratiğe taşımıştır. 3D TVUSG'nin sağladığı en önemli avantaj koronal planlarda yüksek çözünürlüklü gerçek zamanlı görüntü alınabilmesidir. Hem SIS prosedürü hem de HyCoSy prosedürü 3D TVUSG ile kombine edildiğinde, sıvının tüpler içindeki hareketini uygun planlarda görülebilmesine olanak sağlamaktadır. Yapılan bir metaanaliz, SIS/HyCoSy işlemlerinin laparoskopi ile karşılaştırmalı olarak sensitivitesi %92 (%95 CI:82-96) ve spesifitesini %95 (%95 CI: 90-97) olarak ortaya koymuştur (86).

Klamidya Antikor Testleri

İnfertilite ve tubal patolojiyi öngörmeye klamidyal antikor tarama testleri, klinik kullanımda yeterince rolü kesinleşmemiş ve rutin pratikte günümüz itibari ile kullanılmamakta olan testlerdir. Bu durumun başlıca nedeni, hem klamidyal antikor pozitifliğinin toplumda yaygın olması hem de türe spesifik prob kullanımının pratikte yerleşmemiş olmasıdır. Yinede en başta infertil durumu öngörebilme açısından klamidyal antikor tarama testi pozitifliği, klamidyal enfeksiyona bağlı tubal patolojinin olma olasılığı konusunda kişiyi uyarabilme açısından faydalı olabilmektedir. Özellikle HSG'si normal olup, açıklanamayan infertilitesi olan hasta gruplarında, antikor pozitifliğinin olması olası bir tubal patolojiyi gösterebilmesi açısından faydalı olabilir ama yine de klinik kullanımı bu hasta gruplarında bile belirsizliğini korumaktadır (102,106,107).

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