Bölüm
8

ERKEK İNFERTİLİTESİ

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GİRİŞ

İnfertilite, bir yıl süren korunmasız cinsel ilişkiye rağmen gebe kalmada başarısızlık olarak tanımlanmaktadır. Ancak, ilk 12 ayda gebe kalamayan genç ve sağlıklı çiftlerin %50'si kadarı, takip eden 12 ay boyunca spesifik bir tedavi almaksızın gebe kalacaktır (1). Bu nedenle, bazı durumlarda kapsamlı değerlendirme ve tedavide gecikme makul olabilir. İnfertilitesi olan çiftlerin yaklaşık %35'inde, bir kadın faktörü ile birlikte bir erkek faktörü tanımlanmaktadır, yaklaşık %10 oranında oranında ise erkek faktör tanımlanabilir tek nedendir.

Amerika Birleşik Devletleri'nde 15-44 yaş arasındaki erkeklerde yapılan kesitsel bir araştırma, erkek infertilitesi prevalansının %12 (%95 CI 7-23) olduğunu göstermiştir (2). Epidemiyoloji çalışmaları, 40 yaş üstü erkeklerde fertilite oranlarının daha düşük olduğunu göstermektedir (3), ancak yardımcı üreme teknolojilerinden (YÜT) elde edilen sonuçlar bu gözlemi doğrulamamıştır (4,5).

Erkek infertilitesinin nedenleri dört ana başlığa ayrılabilir (6):

- Endokrin ve sistemik bozukluklar (genellikle hipogonadotropik hipogonadizm ile ilişkilidir) - %2-5.
- Spermatogenezde primer testikular defektler - %65-80.
- Sperm transport bozuklukları - % 5.
- İdiyopatik erkek infertilitesi - %10-20.

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(2) sperm konsantrasyonu <5 milyon / mL olan infertil erkekler için Y kromozomal mikrodelesyonunun test edilmesi;

(3) konjenital bilateral vas deferensi olmayan infertil erkeklerde kistik fibroz ile ilişkili gen mutasyonlarının taranması (29,54).

Donör spermiyle YÜT - Donör spermiyle YÜT'ün test edilmiş yöntemi, normal kadın alıcılarda çok yüksek bir başarı oranına sahiptir: altı döllenme döngüsünde yüzde 50 gebelik oranı. Donör inseminasyonu ile oluşan gebeliklerden doğan çocuklar hem fiziksel hem de psikolojik olarak normal şekilde büyür ve gelişir (55). Bu alternatif, evlat edinme ile birlikte, erkek faktöre bağlı infertilitesi olan tüm çiftlere sunulmalıdır.

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