Bölüm
11

İNFERTİLİTE VE ENDOKRİN BOZUKLUKLAR

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Artan kanıtlar, bağışıklık aracılı süreçlerin kadın üreme başarısını birden fazla düzeyde etkilediğini ortaya koymaktadır. Endokrin ve bağışıklık sistemleri arasındaki etkileşim, hedef dokuları etkileyen çok sayıda biyolojik süreci düzenler ve bu etkileşim, gen ekspresyonu, sitokin ve / veya lenfokin salımı ve hormon etkisini kapsar. Ek olarak, endokrin-bağışıklık etkileşimleri fetal (babadan türetilmiş) yarı allogreftin implantasyon sürecinde önemli bir role sahiptir. Bu maternal bağışıklık sisteminin gebelik süresi boyunca reddedilmesinden geçici toleransa kadar yeniden programlanmasını gerektirir. Genellikle, kadın bağışıklık sistemi tüm bu süreçleri desteklemektedir ve bu nedenle üreme başarısını kolaylaştırmaktadır. Otoimmünite de dahil olmak üzere dişi bağışıklık sisteminin anormallikleri potansiyel olarak birçok seviyede engeller oluşturur. Bağışıklık sisteminin infertilite ile ilgisi araştırmacılar tarafından giderek daha fazla tanınmaktadır, ancak klinik olarak çoğu zaman yeterince dikkate alınmamaktadır ve bu nedenle hafife alınmaktadır. Bu kitap bölümü, bireysel otoimmün endokrin hastalıkların kadın doğurganlığı üzerindeki etkisini özetlemekte ve yakın gelecekte beklenen gelişmelere işaret etmektedir.

1. GİRİŞ

Bağışıklık sisteminin kendini kendinden olmayandan ayırt etme yeteneğinin kaybı enflamasyon, doğuştan ve kazanılmış bağışıklığı içeren antikor-aracılı ve bağışıklık-kompleks aracılı hücresel süreçler otoimmünite ile sonuçlanır (1). Endokrin otoimmünite esas olarak organa özgüdür, ancak sıklıkla poliklonal aktivasyon (2) ve endokrin olmayan otoimmünite ile de ilişkilidir (3). 80'den fazla otoimmün hastalık tanımlanmış olmasına rağmen, spesifik hastalık fenotipleri olmayan

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ken, hayvanların% 50-60'ı tüm folikülleri kaybetmişti, bu da normal bir AIRE geninin varlığının erken yumurtalık yaşlanmasının önlenmesi için kritik olduğunu gösteriyor ve bu modeldeki dişi doğurganlığının azalması, en azından kısmen, fonksiyonel yumurtalık rezervinin bağışıklık aracılı kaybından kaynaklanmaktadır. AIRE geni, bu nedenle, otoimmün kaynaklı erken yumurtalık yaşlanması ile kurulmuş bir ilişkiye sahip ilk gendir (92).

Çoklu otoimmün endokrinopatiler, otoimmün kaynaklı folikül tükenmesine bağlı olarak genellikle otoimmün ilişkili OPOI ve / veya POF ile infertilitesi olan kadınlarda nadir değildir (N. Gleicher, yayınlanmamış çalışma). AIRE geninin bu gibi bazı vakalarda yer alıp almadığı APS-1 dışında araştırılmamıştır. Bununla birlikte, APS-1'deki otoimmün kaynaklı folikül kaybına ilişkin veriler bir kez daha otoimmünitenin kadın üreme başarısı için potansiyel önemini bir kez daha vurgulamaktadır.

SONUÇ

IVF geçiren kısırlığı olan kadınlarda seçici otoimmün araştırmalara (antifosfolipid antikorlar) karşı son yıllarda yayınlanan tek ilgili rehberin önerildiğini daha önce belirtmiştik.

Bu bölüm incelemesinin birkaç temel sonucu vardır. Birincisi, bağışıklık sisteminin normal ve anormal dişi üremesinde çok önemli rolleri vardır ve başarılı dişi üremesi üzerinde bağışıklık etkileri hakkında mevcut bilgi yetersizdir. İkincisi, kadın bağışıklık sisteminin üreme başarısı için önemi geniş ölçüde hafife alınmakta ve kadın üreme başarısı üzerindeki immünolojik aracılı etkilerin daha iyi anlaşılması, kadın kısırlığı ve hamilelik kaybının tedavisinde önemli iyileşmeler vaat etmektedir. Sonuç olarak, üreme immünolojisini araştırmak için immünologlar, üreme biyologları ve üreme endokrinologlarının bu konuda ufuk açıcı çalışmalar yürütmeleri gerekmektedir. Son birkaç yılda benzer sonuçlara diğer bazı yazarlar tarafından da ulaşılmıştır (93).

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