

Bölüm 18

OVULASYON İNDÜKSİYONUNDA KULLANILAN PROTOKOLLER

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Ovulasyon sorunları, infertilite ile başvuran çiftlerin %18-25'inde saptanır (1). Bu bölümde, ovulasyon sorunu saptanan kadınlarda, ovulasyonun indüksiyonunda kullanılan farklı tedavi ajanlarının kullanım protokolleri ve etkinlikleri gözden geçirilecektir.

KLOMİFEN SİTRAT

Klomifen sitrat (CC), non-steroid bir trifeniletilen türevidir. Uygulama kolaylığı ve minimum yan etki özellikleri ile son 40 yıldır doğurganlığı artırmak için en yaygın kullanılan tedavi ajanıdır (2). Tamoksifen ve raloksifene benzer şekilde selektif östrojen reseptör modülatörü (SERM) olarak işlev görür. Her üç ilaç da östrojen reseptörlerinin kompetatif inhibitörleridir ve hedef dokuya bağlı olarak değişen agonist ve antagonist aktiviteye sahiptir (2).

CC, östrojen reseptörlerine östrojenin aksine daha uzun süre bağlı kalarak hipotalamus, hipofiz, over ve uterus üzerindeki ana etkilerini gösterir (2,3). Özellikle öncelikli etki alanı olan hipotalamustaki östrojen reseptörlerine bağlanarak, dolaşımdaki endojen östradiolün negatif feed-back etkisini bloke eder (4,5). Bu durum, hipotalamik gonadotropin salgılatıcı hormon (GnRH) salınım frekansında artışı tetikleyerek (6) serum folikül uyarıcı hormon (FSH) ve lüteinizan hormonun (LH) konsantrasyonlarında artış ile sonuçlanır. Yükselen gonadotropinler, dominant folikül oluşumunu sağlayan endojen yolları aktive ederek CC'ın ovulasyon indüksiyonundaki etkinliğinde ana rolü üstlenir. Bununla bir-

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mg ile tedaviye başlar. Tolere edilirse, doz hem öğle hem de akşam yemeğinde 500 mg'a ve daha sonra kahvaltı, öğle ve akşam yemeğinde 500 mg'a yükseltilebilir. Doz artışları arasında bir ila iki hafta geçmelidir (64).

Anahtar Kelimeler: İnfertilite, klomifen, letrazol, ovulasyon indüksiyonu

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