

## Bölüm 19

# İNTRAUTERİN İNSEMİNASYON TEKNİĞİ

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### GİRİŞ

Günümüzde infertilitenin tedavisinde sıklıkla kullanılan inseminasyon işleminin gelişim süreci yüzyıllar öncesine dayanmaktadır. İnsanda inseminasyonun ilk belgelenmiş uygulaması 1770'lerde John Hunter tarafından gerçekleştirilmiştir. John Hunter şiddetli hipospadiası olan bir hastanın semenini ılık şırıngada toplamış ve hastanın eşine vajinal yolla vermiştir. Takip eden süreçte sağlıklı bir gebelik oluşmuştur (1). İnseminasyon spermin bırakıldığı yere göre intravajinal, intra-servikal, intrauterin, intraperitoneal ve intrafallopian olarak adlandırılmaktadır. Aralarında en etkin olanı intrauterin inseminasyondur.

İntrauterin inseminasyonda (IUI), işlenmiş ve konsantre edilmiş spermeler bir kateter aracılığıyla endoservikal kanal geçilerek uterin kaviteye bırakılır. Bu işlemin amacı konsantre spermelerin servikal faktörlerden etkilenmeden, fertilizasyon bölgesine daha yakın olan uterin kaviteye bırakılması yoluyla gebelik şansının artırılmasıdır.

### İNTRAUTERİN İNSEMİNASYONUN KLİNİK KULLANIMI

IUI diğer yardımcı üreme tekniklerine göre daha ucuz, daha kolay ve daha güvenli olması nedeniyle sıklıkla tercih edilen bir yöntemdir. Ancak düşük gebelik oranları, etkinliğine dair yeterli verinin olmaması ve artan çoğul gebelik oranları ise işlemin negatif yönleridir (2).

İnfertil çiftte IUI planlanmadan önce anamnez, fizik muayene, pelvik ve vajinal muayene, ultrasonografi, laboratuvar tetkikleri, histerosalpingografi, over rezervi ve spermiyogram parametrelerini içeren ayrıntılı bir değerlendirme yapılmalıdır.

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minant folikül olduğunda siklus iptali, fazla foliküllerin aspirasyonu ve IVF siklusa dönme gibi seçenekler tercih edilmelidir.

CC/letrozol+IUI siklusunda hCG tetikleme düşünülüyorsa, idrar LH kiti kullanımı ile IUI zamanının belirlenmesi mantıklı bir seçenektir. HCG tetiklemeden 24-40 saat arasında IUI yapılması önerilmektedir. IUI sonrası 10 dakika yatak istirahati ve kontrendikasyon yoksa işlemden 6-8 saat sonra koitus olması gebelik oranlarını artırmaktadır.

Sperm hazırlama yöntemi, inseminasyon kateterinin çeşidi ve işlem sırasında ultrason kullanımı inseminasyon başarısını etkilememektedir. Bir siklusta tek veya çift inseminasyon yapılması gebelik oranlarını etkilememektedir. Ancak sperm sayısı düşük erkeklerde çift IUI'nın gebelik oranlarına etkisi halen tartışmalıdır.

CC/letrozol+IUI sikluslarında inseminasyon sonrası verilen luteal faz desteğinin canlı doğum oranlarına katkısı bulunmazken, gonadotropin+IUI sikluslarında canlı doğum oranlarını artırmaktadır.

**Anahtar Kelimeler:** İnfertilite, intrauterin inseminasyon, IUI, ovulasyon indüksiyonu, kontrollü ovulasyon indüksiyonu, sperm hazırlığı, sperm yıkama, intrauterin inseminasyon başarısı, intrauterin inseminasyon başarısızlığı

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