

Bölüm 22

YÜKSEK OVER YANITLI HASTALARA KLİNİK YAKLAŞIM

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Over yanıtı; over rezervine, hasta yaşına ve vücut kitle indeksine göre (BMI) öngörülebilir. Over rezerv testleri biyokimyasal veya ultrasonografik olarak yapılabilmektedir. Menstrüasyonun 2-3. günü bakılan follikül stimulan hormon (FSH), östradiol (E2), inhibin B ve menstrüel periyodun herhangi bir günü ölçülen Anti Mullerian Hormon (AMH) düzeyi biyokimyasal testler arasında yer alır. Ultrasonografik olarak ise, menstrüasyonun 2-4. günü antral folikül sayısı (AFC) over rezervi hakkında bilgi verir (1).

AMH glikopeptid yapıda, TGF- β ailesine ait bir hormondur. Over foliküllerindeki granüloza hücrelerinden salgınır. Foliküler fazda primordial ve küçük antral foliküllerden AMH salgınımı olur (2). AMH seviyesinin $<0,7$ ng/ml olması azalmış over rezervini gösterir. IVF (invitro fertilizasyon) sikluslarında ≤ 4 oosit elde edilmesinin muhtemel azalmış over rezervi olduğunu öngörür. AMH seviyesinin 1-3,5 ng/ml olan olgularda over rezervinin normal olduğu kabul edilir. AMH seviyesinin $\geq 3,5$ ng/ml olduğu olgularda ise over rezervinin yüksek olduğu ve bu olguların yüksek over yanıtı olgular olduğu kabul edilir (2-6). Bu olgular OHSS için yüksek riskli gruba girmektedir. Tedavi sırasında iatrojenik OHSS gelişmemesi için dikkat edilmelidir.

Yüksek over cevabı (hyper response), standart KOH protokolünün uygulandığı hastada > 15 oositin elde edilmesine denir. Yaşa bağlı olarak azalmakla birlikte, IVF sikluslarının yaklaşık % 7'sinde görülmektedir. Genç yaştaki olgular, polikistik over sendromu (PCOS), daha önceki IVF uygulamalarında fazla sayıda oosit elde edilen olgular ile over rezervi yüksek olan olgular yüksek over yanıtı için risk grubuna girmektedirler. AMH ve AFC over yanıtını ön görmeye önemli predik-

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lişmada ise, düşük implantasyon oranları bildirilmiştir. Bunun anormal mayotik spindle ve kromozomal hizalanma, düşük oosit kalitesi nedeniyle olabileceğini ifade etmişlerdir (85).

Dopamin Agonistleri

OHSS patofizyolojisinde önemli rolü olan esas mediatör VEGF (vascular endothelial growth factor)'dür. Hiperstimüle overlerden salgılanan artmış VEGF, VEGF reseptör 2 (VEGFR-2) üzerinden etki göstererek, OHSS'deki klinik bulgulara neden olan vasküler permeabilite artışına neden olur. VEGFR-2'nin bloke edilmesi OHSS'nu önler. Dopamin agonistlerinin VEGFR-2 reseptörlerini bloke ederek OHSS riskini azalttığı gösterilmiştir (86). Dopamin agonistlerinin klinik gebelik veya gebelik kayıpları üzerine olumsuz etkilerinin olmadığı bildirilmiştir (87).

Anahtar kelimeler: Yüksek over cevabı, hiperresponder, over hiperstimülasyonu, polikistik over

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