

Bölüm 23

NORMAL OVER YANITLI İNFERTİL ÇİFTE YAKLAŞIM

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1. GİRİŞ

İnfertilite; doğum kontrol yöntemlerine başvurmadan ve haftada düzenli olarak 2- 3 kez düzenli cinsel ilişkiye rağmen gebe kalınamaması durumudur. İnfertilite reproduktif yaş aralığındaki çiftlerin yaklaşık olarak %10-15'ini etkilemektedir (1). Kişide daha önce gebelik olmadığı durumlar için primer infertiliteden; bununla birlikte, en az bir gebelik süreci yaşayan ancak devamında gebelik oluşmayan kişiler için ise sekonder infertiliteden söz edilir. Bir menstrüel siklus içerisinde, gebe kalabilme ihtimaline fekundabilite denir (2).

2. İNFERTİL ÇİFTİN DEĞERLENDİRİLMESİ

2.1. Anamnez

Yaş: Kadında artan yaşla birlikte overyan follikül sayısı azalır. İlerleyen yaşla overyan folliküller gonadotropin stimülasyonuna daha az duyarlı hale gelir ve tedavi başarısı olumsuz etkilenir. Bununla birlikte erkekte yürütülen çalışmalarda ileri yaş ile sperma kalitesi parametreleri arasında benzer bir ilişki olmadığını göstermektedir (3).

- İnfertilitenin, primer infertilite ya da sekonder infertilite olduğu not edilmelidir.
- Önceki gebeliklere yönelik anamnezin alınması: Önceki gebeliğinde miyadında doğum yapanların genital organlarının intrauterin gelişim için yeterli olabileceği düşünülür.

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Bununla birlikte, follikül büyüme oranının her zaman serum östradiol seviyesi ile korele olmadığına okuyucuların farkında olması gerekmektedir (79). Dahası, YÜT sikluslarındaki değişkenlikler optimal östrojen paterni tanımlamaya engel olmaktadır. Fakat, bütün protokollerdeki baskın teamül üç günden fazla devam eden E2 platosudur. Diğer bir deyişle, siklustaki zayıf sonuçlar kendini üç günden fazla devam eden E2 seviyesindeki plato ile gösterir. Tedavinin dördüncü gününde E2 seviyesine bakılmalıdır, çünkü bu tarihteki E2 seviyesi overin eksojen gonadotropinlere cevabı hakkında bilgi verir (83). Uzun dönem GnRH agonist protokolünde pituitar desensitizasyonun değerlendirilmesinde de E2 seviyesi kullanılmaktadır. (USG'de 10 mm'den büyük follikül olmaması ile birlikte E2'nin 50 pg/ml altında olması).

Bununla birlikte, E2 cevap paterninin GnRH antagonistlerinin kullanıldığı durumlarda değiştiği gösterilmiştir. Bu nedenle, E2 seviyesinin 250 pg/ml'nin üzerine çıkması veya follikül çapının 13-14 mm 'yi geçtiği durumlar için LH takibi yapılmasının önemli olduğu vurgulanmaktadır. Bu ölçümler, prematür luteinizasyonun ve oosit toplama zamanının belirlenmesinde önemli bilgiler sağlar (9). Bunun yanında, USG ölçümleri ve folliküler matürasyon ve hCG tarihi hakkında planlamalar yapılabilir. USG metoduyla 16 mm follikül varlığı hCH enjeksiyonuna işaret eder. Bunun yanında USG ile yapılan endometriyum ölçümleri E2 seviyesi ile ilgili indirek bilgiler verir (84).

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