

Bölüm 25

OHSS'NİN ÖNLENMESİ İÇİN STRATEJİLER VE TEDAVİ YAKLAŞIMLARI

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GİRİŞ

Ovarian hiperstimülasyon sendromu (OHSS), yardımcı üreme teknolojileri (ART) için kontrollü ovarian hiperstimülasyonunun (COH) en ciddi komplikasyonudur. Abdominal distansiyon, büyümüş overler, asit ve artmış vasküler permeabilitenin diğer komplikasyonlarını içeren geniş bir belirti ve semptom spektrumu ile karakterizedir (1). Sendrom, foliküler stimülasyona bağlı genişlemiş overlere sekonder serumun intravasküler boşluktan üçüncü boşluğa, özellikle abdominal boşluğuna geçişi olarak tanımlanabilir (2). OHSS, genç ve sağlıklı kadınları etkileyen iyatrojenik ve potansiyel olarak hayatı tehdit eden bir durumdur.

OHSS patofizyolojisi tam olarak anlaşılammıştır, ancak üçüncü boşluğa sıvı kaybı ile beraber kapiller permeabilite artışı ana özelliğidir. Riskli hastada, son foliküler maturasyon ve ovulasyonun tetiklenmesi için insan koryonik gonadotropin (hCG) uygulaması OHSS için önemli bir uyarıcıdır ve overde vasküler endotelial büyüme faktörünün (VEGF) aşırı ekspresyonuna, vazoaktif anjiyojenik maddelerin salınmasına, artmış vasküler geçirgenliğe, üçüncü boşluğa sıvı kaybına yol açar.

OHSS'nin iki klinik formu vardır, her ikisi de hCG ile ilgilidir: erken başlangıç formu (hCG uygulamasından sonraki ilk sekiz gün içinde ortaya çıkan) ve geç başlangıç formu (hCG uygulamasından dokuz veya daha fazla gün sonra ortaya çıkan, gebeliğe bağlı hCG ile ilgili üretim) (3).

OHSS'NİN ÖNLENMESİ

Ovarian hiperstimülasyon sendromu (OHSS), yardımcı üreme teknolojileri (ART) geçiren kadınlar arasında yaygın bir komplikasyon olmaya devam etmek-

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