

Bölüm 14

İnfertilite

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Bir çiftin, herhangi bir kontraseptif yöntem kullanmadan 12 aylık düzenli cinsel ilişkiye rağmen gebelik elde edememesi infertilite olarak kabul edilir (ACOG, 2019). Çiftlerin yaklaşık %85'inin herhangi bir tıbbi yardım olmadan bu zaman aralığında gebelik elde etmesi beklenir, ancak çiftlerin %15 kadarına değerlendirme yapmak gerekli olur. Çiftin steril olduğu kanıtlanmadıkça bu durumun subfertilite olarak değerlendirilmesi daha doğru olacaktır. Aşağıda yer alan durumlar söz konusu olduğunda 12 aylık süre beklenilmeyebilir:

- Oligomenore veya amenore öyküsü
- Bilinen veya şüphelenilen uterus / tubal / peritoneal hastalık veya evre III – IV endometriozis

- Bilinen veya şüphelenilen erkek subfertilitesi olan çiftler derhal değerlendirmeye alınmalıdır (Gutmacher, 1956; Wilcox, 1995; Zinaman, 1996; ASRM, 2015).

35 yaşının üzerindeki kadınlarda 6 aylık deneme sonrasında gebelik oluşmadıysa ya da klinik endikasyon varsa derhal değerlendirme yapılmalıdır. 40 yaş üzeri kadınlarda ise hızlıca değerlendirme ve tedavi gereklidir. Partnerlerin her ikisi eş zamanlı değerlendirilmelidir. İnfertiliteye neden olabilecek faktörler açısından başlangıç tanısal değerlendirmeler yapılmalıdır. (Tablo 1)

Tablo 1- Temel infertilite değerlendirmesi (ACOG, 2019)

KADIN		
Anamnez		
Fizik muayene		
Prekonsepsiyonel danışmanlık		
İnfertilite etiyojisine yönelik değerlendirme	Azalmış over rezervi	AMH veya bazal FSH ve östradiol Tranzvajinal USG ile antralfolikül sayımı
	Ovulatuardisfonksiyon	Ovulatuvar fonksiyon testi (serum progesteron düzeyi ölçümü)
	Tubal faktör	Histerosalpingografi
		Histerosalpingo-kontrast sonografi
	Uterin faktör	Transvajinal ultrasonografi Sonohisterografi Histeroskopi Histerosalpingografi
ERKEK		
Anamnez		
Semen analizi		

ile değerlendirilebilir (Carrell,2003). Bir çalışma, infertilite ve normal bir karyotip ile başvuran erkeklerin%6 kadarının spermalarında saptanabilir mayotik değişiklikolduğunu bildirmiştir (Egozcue,2000). Sperm anöplöidi riski en yüksek olan erkekler karyotipik anormallikleri, ciddi anormal sperm morfolojisi ve obstrüktif olmayan azospermisi olanlardır (Carrell,2008). Tekrarlayan gebelik kaybı ve tekrarlayan IVF başarısızlığı olan hastalar da sperm anöplöidi testinden yararlanabilir (Carrell,2008; Peti, 2005).

Kaynaklar

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