

- **GİRİŞ**
- **TESTİS**
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 - Peritübüler Miyoid Hücreler
 - Leydig hücreleri (interstisyel hücreler)
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 - Sperm
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- **KLİNİK İLİŞKİ**

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- **AKSESUAR GENİTAL BEZLER**
 - **Veziküla Seminalis**
 - **Prostat**
- **KLİNİK İLİŞKİ**
 - **Bulboüretal Bezler**
- **PENİS**
- **KLİNİK İLİŞKİ**
 - **Üretra**
 - Ejakülat
- **COVID-19**
- **KAYNAKLAR**

GİRİŞ

Erkek üreme sistemi genel olarak; scrotum adı verilen bir kese içinde uzanan bir çift testis (gonadlar), iç ve dış genital kanallar, yardımcı genital bezler ve bir adet penisten oluşmaktadır (şekil 1).

Testisler, erkek gamet hücresi olarak adlandırılan spermin (spermium, spermatozoa) üretim süreci olarak bilinen **spermatogenez** ve seks hormonları olan androjenlerin sentezi (**steroidogenez**) olmak üzere iki önemli fonksiyona sahiptir.

Üretilen androjenler spermatogenez sürecinde de görev alırlar. Seksüel dimorfizm ve embriyonun fenotipik olarak erkek fetusa gelişiminde rol alan **testosteron** en önemli androjendir.

Intratestiküler (testis içi) **genital kanallar**; tubuli rekti, rete testistir. Kıvrımlı seminifer tubüller önce düzleşerek tubuli rektileri, tubuli rektiler de mediastinumda birleşerek rete testisi oluştururlar.

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iyileşmiş COVID-19 erkek hastalarda üreme fonksiyonlarının takip edilmesi ve ejakulat yoluyla potansiyel cinsel bulaşma konusunun özellikli olarak araştırılması gerektiği belirtilmiştir (Wang ve Xu, Fan ve ark). Ancak aralarında HIV, HSV, Zika ve Ebola virüsünde bulunduğu birçok cinsel yolla bulaşan virütik enfeksiyon mevcut olup, halen SARS-CoV-2'un erkeklerden cinsel yolla bulaşabileceğine dair kanıt saptanmamıştır. Yeni yapılan bir çalışmada COVID-19 enfeksiyonunun iyileşme döneminde olan küçük bir grup hastadan ejakulat örnekleri toplanmış ve bu örneklerde, PCR testi yoluyla SARS-CoV-2 RNA'sı tespit edilmemiştir (Song ve ark).

Diğer bir çalışmada SARS-CoV-2 enfeksiyonu olan bir grup üreme çağındaki erkek ile sağlıklı erkekler arasında cinsiyete bağlı hormonlar karşılaştırılmış ve serum LH'in önemli ölçüde arttığı, ancak testosteron (T)/LH ve FSH /LH oranının COVID-19 olan erkeklerde önemli ölçüde azaldığı saptanmıştır. Serum PRL düzeyi COVID-19 hastalarında anlamlı olarak yükselmiş ancak, serum LH seviyesinden farklı olarak, serum FSH, serum E2 ve T: E2 oranı COVID-19 grubu ile kontrol grubu arasında anlamlı olarak fark saptanmamıştır (Ling ve ark).

Yapılan başka bir çalışmada da, COVID-19'dan iyileşen ve ilk tanı konulduktan sonra yaklaşık bir ay geçmiş olan yetişkin Çinli erkeklerin spermlelerinde SARS-CoV-2 saptanmamıştır (Pan ve ark).

Tüm bu çalışmalar henüz ön değerlendirme olup ilerleyen zamanlarda daha kesin veriler elde edilecektir.

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