

BÖLÜM 20

Azospermi Yönetimi

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GİRİŞ

İnfertilite, 12 ay veya daha uzun süre düzenli ve korunmasız cinsel ilişkiden sonra gebelik elde edilememesi ile tanımlanan erkek veya kadın üreme sisteminin bir hastalığıdır (1). İnfertilite, dünya çapında üreme çağındaki milyonlarca insanı etkiler ve onların aileleri ve toplulukları üzerinde etkisi vardır (2). Çiftlerin yaklaşık yüzde 15'i infertildir ve bu çiftler arasında yaklaşık olarak erkek faktörü infertilitenin % 50'sinden sorumludur. Erkek infertilitesi, çok çeşitli bozuklukları kapsayan çok faktörlü bir sendromdur. İnfertil erkeklerin yarısından fazlasında kısırlığın nedeni bilinmemektedir (idiyopatik) ve doğuştan veya sonradan kazanılmış olabilir. Erkeklerde infertilite, başlangıçta semen analizi ile teşhis edilebilir. Dünya çapında erkeklerin yaklaşık %4'ü kısırlıktan muzdariptir. Bu erkeklerin yüksek bir yüzdesinde infertilite etiyojisi, spermatozoanın konsantrasyonu, motilitesi ve/veya morfolojisi gibi temel semen analizinin klasik parametrelerindeki değişikliklerle yakından ilişkilidir (3). Mevcut tahmin, infertilite kliniğinde yardım arayan erkeklerin yaklaşık yüzde 30'unun etiyojisi bilinmeyen oligozoospermi veya azospermiye sahip olduğu yönündedir (4, 5). Azospermi infertile erkeklerin % 15'ine kadar bulunmaktadır (6).

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