

Konu 25

Embriyo Transferinde Başarıyı Etkileyen Faktörler

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Üremeye yardımcı teknolojilerdeki sayısız gelişmeye rağmen implantasyon ve gebelik oranları hala göreceli olarak düşüktür. Buna neden olarak, endometrial reseptivite ve embriyo implantasyon kapasitesindeki düşüklük ve suboptimal embriyo transfer tekniği sayılabilir. Son zamanlardaki yayınlar, görünür basitliğine rağmen, embriyo transferi (ET) tekniğinin gebelik oranının en yüksek düzeye taşınmasında son derece önemli olduğunu göstermektedir. Bu yazıda, embriyo transfer işlemi ile ilgili olarak, başarıya etki edebilecek faktörler gözden geçirilecektir.

- ET'nin hangi evrede yapılması gerektiği konusu hala tartışmalı olup, bazı çalışmalarda transferin 2. günden 3. güne geciktirilmesi ile gebelik şansının artırıldığına dair iddialar vardır. Fakat bir Cochrane Review raporunda gebelik oranının 3. gün transferinde 2. güne göre daha yüksek (OR 1.26 %95 CI 1.06-1.51; 10 RKÇ) bulunmasına rağmen, ET'ni 2. günden 3. güne geciktirmenin devam eden gebelik ve canlı doğum oranlarını da aynı şekilde arttırdığına dair henüz tatmin edici kanıt bulunmadığı bildirilmektedir (OR 1.05 %95 CI 0.83-1.32 ve OR 1.07 %95 CI 0.84-1.37; 3 RKÇ) . Subgrup analizinde, klinik gebelik oranındaki söz konusu farkın ICSI alt grubundaki farktan kaynaklandığı saptanmıştır (4RKÇ). Bununla birlikte saptanan 3.Gün ET (ICSI) grubundaki daha yüksek gebelik kayıp oranı ise, klinik

gebelik oranları arasındaki farka rağmen 2. ve 3. gün ET gruplarının devam eden gebelik ve canlı doğum oranları açısından benzer bulunmasını açıklamaktadır¹.

- Aynı şekilde ET'ni blastokist evresine dek geciktirmenin de gebelik oranını arttıracığı ve çoğul gebelik riskini azaltacağı düşünülmüştür. Fakat yine bir Cochrane raporunda henüz blastokist transferinin, çift başına canlı doğum (OR 1.16, 95% CI 0.74 -1.44; 7 RKÇ) ve klinik gebelik (OR 1.05, 95% CI 0.88 -1.26; 15 RKÇ) oranlarını klivaj dönemi ET'ne göre arttırdığına dair yeterli kanıt bulunmadığı gösterilmiştir. Üstelik, blastokist evresinde daha az embriyo transfer edilmesine rağmen çoğul gebelik riskinin de benzer (OR 0.85, 95% CI 0.63 - 1.13; 12 RKÇ) olduğu gösterilmiştir. Ayrıca yapılan ek değerlendirmede, blastokist ve klivaj evresi ET gruplarında benzer sayıda embriyoların transfer edildiği 6 RKÇ içinde de, gruplar çoğul gebelik oranları açısından benzer bulunmuştur. İki grup arasında fark olarak sadece, klivaj evresi ET'nde fazla embriyoların dondurularak saklanması olasılığının, blastokist evresi ET'nde ise transfer iptali olasılığının yüksek olması tespit edilmiştir².

- Üremeye Yardımcı teknolojilerin uygulamaya geçmesinden itibaren, tıbbi, sosyal ve ekonomik açıdan önemli kayıplara neden olan çoğul gebelik riskindeki artış gündemi meşgul etmektedir. Bu yüzden halen, IVF/ICSI programlarında transfer edilen embriyo sayısı 2 ya da 3 ile sınırlanmaktadır. Bu konuda Salha ve arkadaşlarının yaptığı bir retrospektif kohort çalışmada, 2 ya da 3 embriyonun transfer edildiği sikluslar karşılaştırılmıştır. Transfer edilen embriyolarından başka "iyi" embriyoları da olan 35 yaş altı kadınlarda, grupların gebelik ve total canlı doğum oranları benzer bulunmasına karşın, 3 embriyo transferi yapılan grupta ikiz ve üçüz gebelik riskinin artmış olduğu gözlenmiştir. Transfer fazlası "iyi" embriyosu bulunmayan 35 yaş altı kadınlarda ise, gebelik (%39.3 vs %28.8; p=0.04) ve total canlı doğum (%32.7 vs %19.4; p = 0.02) oranları 3 embriyo transfer edilen grupta yüksek bulunurken, gruplardaki çoğul gebelik riski benzer bulunmuştur. 35 yaş üstü grupta ise, transfer fazlası

şarısızlığı bulunan kişilerde daha sonraki uygulamalarda otolog endometrial ko-kültür uygulamasının blastomer sayısını artırıp, fragmantasyon oranını düşürdüğüne dair kanıtlar bulunmasına⁷¹ karşın klinik sonuçlar üzerine etkisi konusu henüz tartışmalıdır^{72,73,74}.

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