Konu 32

Ovulasyon İndüksiyonunda Zayıf (Poor-responder) Yanıt Veren Hastaların Yönetimi

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1978 yılında başarılan ilk IVF tedavisi, natürel yani uyarılmamış siklustan elde edilmişti. Ancak daha sonraları over stimülasyonu ile daha çok sayıda oosit elde edildiği ve daha yüksek gebelik oranlarının başarıldığı gösterildi (1).

Şu anda IVF tedavilerinde klinik uygulamada birçok stimülasyon protokolü benimsenmiştir ve temel amaç; iyi kalitede multipl oosit elde edilmesi, iyi kalitede embriyo gelişiminin sağlanması, taze siklustan artan iyi kalitedeki embriyoların total üreme potansiyelini optimize etmek için dondurulabilmesi ve tekil gebelik sağlanmasıdır (2). Klinik üreme endokrinolojisi sahasındaki en büyük zorluklardan biri eksojen gonadotropinlere zayıf yanıt veren ve " zayıf yanıt veren hasta" olarak tanımlanan gruptur. Bu hasta grubunda yukarıda bahsedilen amaçlar genellikle suboptimal düzeyde sağlanabilmektedir.

Zayıf yanıt verme olasılığı olan hastayı önceden tanıyabilmek ve ART'de optimum sayıda ve kalitede yumurtayı elde edecek özelleşmiş tedavi protokollerini seçmek klinik uygulamada çok önemlidir. Optimum yönetimle bile bu hasta grubunda, kendi yaş grubundaki kontrollerine kıyasla klinik gebelik ve doğum oranları daha azdır ve bu hasta grubuna bu bilgi gözetilerek danışmanlık hizmeti verilmelidir. Bu bölümde, "Zayıf yanıt veren" hastaların nasıl tanımlandığı, azalmış gonadotropin yanıtını ön görecek tarama testlerinin neler olduğu ve bu zor hasta grubunda sonuçları optimize edecek temel tedavi protokollerinin neler olduğu irdelenecektir.

Tanımlama ve İnsidans

ART uygulamalarında bir grup hasta ovaryan stimülasyona suboptimal yanıt verir ve az sayıda oosit elde edilir. Bu hastalar "zayıf yanıt veren hasta grubu" olarak tanımlanmaktadır. Genel olarak, herkes tarafından kabul gören "zayıf yanıt veren hasta" tanımlaması yoktur. Surrey ve Schoolcraft yaptıkları bir araştırmada en az 27 tane "zayıf yanıt veren hasta" tanımlaması olduğunu bildirdiler (3). Bu tanımlamalar temelde; ultrasonografide görülen **matür (18mm) foliküllerin sayısı**, (4-12) **erken foliküler faz FSH düzeyleri** (13-17), **FSH/LH oranı** (18), **bazal estradiol düzeyleri** (6,9,16,19-21), over yanıtı için gereken **HMG dozu ve toplam kullanılan HMG miktarı** (5,13,14,22-24), **HMG uygulanan gün sayısı** (5,14,15) veya **toplanan oosit sayısı** (9,25,26) gibi faktörleri baz alarak tanımlanmıştır. Dahası yukarıda bahsedilen her bir kriter için, her araştırmacı farklı eşik değerleri benimsemiştir. Zayıf yanıt veren hasta için standart bir tanımlama olmaması, bu durumu öngörebilmek için kullanılacak yöntemleri kıyaslamayı ve bu durumun yönetimini zorlaştırmaktadır.

Zayıf yanıt veren hastalarda daha yüksek oranda siklus iptali, düşük fertilizasyon, düşük gebelik ve implantasyon oranları bildirilmiştir. Saldeen ve arkadaşları tarafından yapılan bir çalışmada 5 den daha az oosit elde edilen hastalar zayıf yanıt veren hasta olarak tanımlandı (27). 37 yaşından büyük hastalar arasında, zayıf yanıt veren grupta gebelik oranı %3 iken, aynı yaş grubunda normal yanıt veren hastalarda gebelik oranı %22.1 idi ($p<0.05$). Embriyo transferi (ET) iptali için bu oranlar, zayıf yanıt veren hasta grubunda %43, 6 iken normal yanıt

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