Bölüm 1

POLİKİSTİK OVER SENDROMUNUN COVID-19 HASTALIĞI SEYRİNDEKİ YERİ

Ayşe Şebnem İLHAN[1]

Giriş

Polikistik over sendromu, 1935 yılında Stein ve Leventhal tarafından[1] "polikistik overler ve amenore birlikteliği" şeklinde ifade edilmiştir. Kelime anlamına bakıldığında "poli" çok sayıda; "kistik" kist içeren anlamındadır ve "polikistik over" çok sayıda kist içeren yumurtalık dokusuna işaret etmektedir. Polikistik over sendromu (PKOS) ise doğurgan dönemdeki kadınları etkileyen, kronik anovulasyon ve hiperandrojenizm ile karakterize, multifaktöriyel bir hastalıktır.[2] İncelenen popülasyona ve uygulanan tanı kriterlerine bağlı olarak PKOS, üreme çağındaki kadınlarda ≥ %10-15 oran ile en sık görülen endokrin bozukluktur.[3,4] Ancak sık görülmesine rağmen, altta yatan etiyolojisi ve patofizyolojisi halen tam olarak açıklığa kavuşmamıştır. PKOS, klinikte menstrüel düzensizlik, hirsutizm, akne, alopesi ve özellikle 1. trimesterda tekrarlayan gebelik kayıpları ile ilişkilendirilmektedir. Endokrinoloji yönünden yükselmiş androjen, luteinizan hormon (LH), östrojen ve prolaktin düzeyleri öne çıkarken; metabolik olarak insülin direnci (İD), Tip 2 Diabetes Mellitus (T2DM), dislipidemi, obezite, kalp-damar hastalıkları, psikiyatrik/nörolojik bozukluklar ve jinekolojik kanserlerle de ilişkilendirilmektedir.[5,6]

Günümüzde PKOS tanısında, Rotterdam' da 2003 yılında düzenlenmiş olan ESHRE/ASRM konferansında belirlenen ya da 2006 yılında AE-PCOS (Androjen Fazlalığı ve Polistik Over Sendromu Topluluğu) konferansında kararlaştırılan kriterler kullanılmaktadır.[3] İlgili bozuklukların (hiperprolaktinemi, hipotiroidizm ve klasik olmayan konjenital adrenal hiperplazi vb.) dışlanmasının ardından, hem over disfonksiyonu (kronik oligo - veya anovülasyon) hem de hiperandrojenizm (hirsutizm ve/veya artmış serbest testosteron ya da serbest androjen indeksi) varlığı PKOS tanısı için gereklidir. Ultrasonda polikistik over morfolojisi de Rotterdam tanı kriterleri[3,4,7] arasında yer almaktadır.

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gibi metabolik patolojilerle de yakın ilişkilidir. Kronik inflamatuar bir süreç olan şeker hastalığının özellikle T2DM'li kişilerde patojenlere cevabı olumsuz etkilediği, pnömoni enfeksiyonunun daha ağır geçirilmesine neden olduğu gösterilmiştir. Bu bağlamda değerlendirildiğinde, solunum sistemini tehdit eden SARS-CoV-2 enfeksiyonunun PKOS' lu kadınlarda ağır seyretme olasılığı yüksektir.

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