Bölüm
23

POLİKİSTİK OVER SENDROMUNDA BESLENME VE DİYET YÖNETİMİ

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Polikistik overlerin patofizyolojik özellikleri ve klinik önemini anlamak 18. yüzyılın ortalarından beri uğraşılan bir konudur. İlk tanımı, büyümüş, yumuşak kapsülle çevrili polikistik overler şeklinde 1844 yılında yapılmış olup zaman içinde disfonksiyonel uterin kanama ile büyük, polikistik overler arasında bir ilişki olduğu düşünülmüş ve bu teori de tedavi seçeneği olarak overin wedge rezeksiyonunu akıllara getirmiştir. Gebe kadınların idrarlarından elde edilen gonadotropinlerin kemirgenlerde multiple ovarian kist oluşumunu indüklediği gözlendiğinde (Yıl 1926), anterior hipofiz hormonlarının overlerdeki morfolojik değişimlerden sorumlu olabileceği düşünüldü. Ardından 1935 yılında, Irving F. Stein ve Michael L. Leventhal tarafından anovulasyon ile ilişkili bir semptom kompleksi tanımlandı ve bu semptom kompleksi hiperandrojenizm, amenore ve infertilite olup yazarların adıyla tanımlanan bir sendrom olarak literatürde yer aldı. Bu iki hekim, amenore, hirsutizm ve büyük polikistik overleri olan 7 hasta sundular ki bu hastaların 4'ü obez idi. Üstelik bu hastaların hepsinin bilateral ovaryen wedge rezeksiyon sonrası düzenli menstrüel siklus yaşadıklarını ve hatta iki hastanın gebe kaldığını rapor ettiler. Hipotezleri, kalınlaşmış olan ovaryen kapsülün folliküllerin yüzeyden ayrılmasını engellediği yönündeydi (1).

Reproduktif dönemdeki kadınların % 4-12' sinde görülen polikistik over sendromu (PKOS) bu prevalansı ile kadınlarda en yaygın görülen endokrinopati olmuştur (2,3,4). Tahminler, çalışma populasyonu, overin ultrasonografik görüntülenmesine dayanır ve bu şekilde bazı tanı kriterleri geliştirilmiştir.

Polikistik overlerin gelişiminden sorumlu olan patofizyolojik mekanizmalar, jinekologları uzun yıllar boyunca meşgul etmiş ve tanımlanması da oldukça zor olmuştur. Bununla birlikte basit ve kliniği oldukça iyi açıklayan bir cevap öne sürülebilir. Tipik polikistik over, yeterince uzun süren bir kronik anovulasyon olduğunda gerçekleşmektedir. Pelvik ultrasonografi ile ortaya konan polikistik overler anovulatuar kadınların % 57' sinde gözlenmiştir (5). Anovulasyonun pek çok sebebi olduğu için polikistik overin de pek çok sebebi vardır ve sonuç fonksiyonel bir bozulmadır.

Önceleri overlerde patolojik bozulmalar patofizyolojiden sorumlu tutulurken artık endokrin çevrenin bozukluklarının, overleri yansıttığı düşünülmektedir.

PKOS patofizyolojisinden bahsetmek, beslenmenin bu endokrin çevre ile ilişkisini ve etkisini ortaya çıkarmakta faydalı olacaktır. Androjenler,

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na neden olabilmektedir. Tabii ki sigara kullanımı gibi kardiyometabolik riski artıran faktörlerle ilgili de çözüm sağlanmalıdır. Bu bağlamda hastalara psikolojik destek ve de davranışsal terapiler de sağlanabilir.

Yüzde 5' lik bir kilo kaybı bile semptomlarda ve hormonal profilde önemli düzelmeler sağlamaktadır. Diyette kalori miktarı ve kaloriye hangi besin öğelerinin ne kadar katkıda bulunduğu önemli parametrelerdir. Diyete mutlaka düzenli egzersizin de eşlik etmesi gerekir çünkü aynı beslenme programına rağmen PKOS'lu hastalarda kilo verme, kontrol hastalarına göre daha zor sağlanmaktadır.

Beslenme içerikleri arasında yağ, karbohidrat ve proteinin yanı sıra vitamin D, selenyum, magnezyum gibi vitamin ve mineraller de merak konusu olmuş ve bunlarla ilgili çeşitli çalışmalar yapılmıştır. Çoğunlukla kilit mekanizma insülin direnci olup insülin duyarlılığını artırıcı düzenlemeler şu an için tedavi hedefleri arasında önde gelmektedir. Tabii ki semptomlara yol açan androjen fazlalığı ve ovulasyon bozuklukları da diğer tedavi hedefleri arasında yer almaktadır.

PKOS' lu kadınların ailelerinde de PKOS görülmesi, ailede genetik yatkınlığı akla getirirken ayrıca ailesel beslenme alışkanlıklarının da nesiller arasında aktarılabileceği göz önünde bulundurulmalıdır. Beslenme alışkanlıkları ve yaşam tarzı değişikliklerinin ailenin daha sonraki nesillerinde de sağlıklı değişimlere öncülük edeceği akılda tutulmalıdır.

Koruyucu hekimliğin hastalık oluştuktan sonra tanı koyup tedavi edici hekimlikten çok önce hastalığın oluşumunu önleyebilmesi tedavi hedeflerinde değişikliklere yol açmaktadır, pek çok kronik hastalık için düşünülen bu hususun PKOS' da da ihmal edilmemesi oldukça önemli bir strateji olacaktır.

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