

Prematür Overyan Yetmezliği; Hastaya Yaklaşım, Erken Tanı ve Yönetim

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GİRİŞ

“Prematür overyan yetmezlik (POY), normal karyotipe sahip kadınlarda 40 yaşından önce hipergonadotropik hipogonadizm gelişmesi olarak tanımlanır (1). Ortaya çıkan semptomlar menopoza benzer. Tam gelişmiş formunda 40 yaşından önceki menopoz aralığında oligomenore veya amenore, östrojen eksikliği semptomları ve gonadotropin seviyeleri ile ilişkilidir.

EPİDEMİYOLOJİ

Yaşa özgü POY insidansı 35 yaşında yaklaşık 250’de 1 ve 40 yaşında 100’de 1’dir (2). Doğal menopoz, bir kadının 12 aylık amenore yaşamasından sonra herhangi bir belirgin patolojik veya fizyolojik neden olmadan geriye dönük olarak belirlenen adet dönemlerinin kalıcı olarak kesilmesi olarak tanımlanır. Normal kadınlarda ortalama 51.4 yaşında ortaya çıkar. Menopoz, hypoöstrojenemi ve yüksek folikül uyarıcı hormon (FSH) konsantrasyonları ile sonuçlanan tam veya tama yakın over foliküler tükenmesinin bir yansımasıdır. 40 yaşından önce menopoz anormal kabul edilir ve prematür overyan yetmezliği

(POY) olarak adlandırılır. Bazı uzmanlar tarafından alternatif bir terim olan “primer overyan yetmezliği” kullanılmaktadır.

Geçmişte POY için “erken menopoz” ve “erken overyan yetmezliği” terimleri kullanıldı, ancak her ikisi de yanlıştır. Çünkü POY’li birçok hasta aralıklı olarak östrojen üretir ve ovule olurlar, birkaç aralıklı olarak düzenli mens dönemlerine geri döner ve vakaların yüzde 5-10’unda kadınlar gebe kalır ve normal bir gebelik geçirir (3). Bu, tanıdan yıllar sonra ortaya çıkabilir (4).

POY bir spektrum bozukluğudur ve bozulmuş over fonksiyonunun bir sürekliliğidir. Azalmış over rezervini, düzenli ve öngörülebilir ovulatuar mens döngülerinin varlığına rağmen, eksojen veya endojen gonadotropin stimülasyonuna bozulmuş over yanıtı olarak tanımlanabilir. Aşık POY, düzensiz menslerin, yüksek serum gonadotropinlerinin ve düşük fertilitate varlığını ifade eder (Tablo 1).

Azalmış over rezervi POY ile eşanlamlı değildir. Kadın infertilitesinin değerlendirilmesi ve tedavisi bağlamında kullanılan bir terimdir. Terim, over rezerv testi anormal olan (düşük serum anti-müllerian hormon seviyeleri dahil) ve/veya in

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Yüksek başarı oranları göz önüne alındığında, donör oositleri veya donör embriyoları ile in vitro fertilizasyon (IVF) bir seçenek olabilir.

Hipotiroidizm İçin İzleme

Spontan POY'li olan genç kadınlarda otoimmün hipotiroidizm gelişme riski yüksektir ve bu nedenle yıllık TSH ölçülmelidir.

Otoimmün Ooforiti Olan Kadınlar

İlk değerlendirmede (kortikotropin (ACTH) stimülasyon testi) adrenal antikorları pozitif ancak normal adrenal fonksiyonu olan kadınlar yıllık olarak yeniden test edilmelidir. Sabah 8'de ölçülen serum kortizol değeri <15 mcg/L ise ACTH stimülasyon testi yapılmalıdır. POY'li bir kadında adrenal otoantikorlar yoksa, uygun olan strateji tanı anında bazal adrenal fonksiyonu test etmektir ve eğer test normale testi sadece adrenal yetmezliği düşündüren klinik semptomlar (örn., artmış deri pigmentasyonu, aşırı yorgunluk, ortostatik hipotansiyon, vb.) gelişirse tekrarlanmalıdır.

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