BÖLÜM 34

Kontrollü Over Hiperstimülasyonunda Kullanılan Ajanlar

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GİRİŞ

Doğurganlık planlayan bir çift rutin kontroller için muayene edilmeli ve danışmanlık almalıdır. Anamnez ve fizik muayeneye ek olarak jinekolojik değerlendirme, kızamıkçık bağışıklığının değerlendirilmesi ve bireysel risk faktörlerine göre ek laboratuvar değerlendirmesini içerir.

Menstrüel öykü tek başına tanısal olabilir. Örneğin, amenore veya düzensiz adetleri (>45 günlük intermenstrüel aralık) olan kadınlarda ovulasyon disfonksiyonunun mevcut olduğu düşünülmektedir. Bu kadınların birkaç ay tedavi görmeden kendi başlarına gebe kalmaya çalışmaları önerilmektedir. Eğer başarı sağlanamazsa ovulasyon indüksiyonu için yönlendirilmelidirler.

Anovülasyona neden olabilecek hipofiz, adrenal ve tiroid kaynaklı bozukluklar, bu endokrinopatilerin hedefe yönelik tedavisi normal ovulasyonla sonuçlanabileceğinden, tedaviye başlamadan önce dışlanmalıdır.

Ovulasyon indüksiyonunda yaklaşım hastaya hastalığa özel olmalıdır bu nedenle indüksiyon için altta yatan temel nedeni belirlemek gerekmektedir. En sık rastlanan nedenler; polikistik over sendromu, hipogonadotropik hipogonadizm (HA), primer over yetmezliği (POI) ve hiperprolaktinemidir.

HİPOGONADOTROPİK HİPOGONADİZM

Anovulatuar kadınların %5-10'unu oluşturan bu gruptaki kadınlarda genellikle amenore görülmektedir ve egzersiz ve stres dahil olmak üzere pek çok etken fonksiyonel hipotalamik amenore patogenezine katkıda bulunabilir(1).

Hipogonadotropik hipogonadizmin nadir nedenlerinden biri de komplet konjenital GnRH eksikliğidir. Bu durum idiyopatik hipogonadotropik hipogonadizm veya anosmi ile ilişkiliyse Kallmann sendromu olarak adlandırılır.

Hipotalamus ve hipofizin çeşitli hastalıkları da GnRH salınımının azalması veya gonadotropin eksikliği nedeniyle hipogonadotropik hipogonadizm ile sonuçlanabilir.

Fonksiyonel hipotalamik amenoresi olan kadınlar hipoöstrojenemiktir bu nedenle klomifen sitrata yanıt vermesi beklenemez. Ovulasyonu olan hastalarda klomifen sitrata devam edilebilir.

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