

Düşük Over Yanıtlı Hastalarda Tedavi Stratejiler

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GİRİŞ

Yardımcı Üreme Teknikleri (YÜT)'nin birincil amacı, etkili ve güvenli bir şekilde infertil çiftlerin canlı bir doğum yapmalarına yardımcı olmak için kişiselleştirilmiş çözümler sunmak ve uygulamaktır. YÜT uygulamalarında en büyük sorunlardan biri "Düşük Over Yanıtlı"- "Poor Ovarian Response" (POR) hastalara bu zorlu süreçte en iyi şekilde danışmanlık verilmesi ve en uygun tedavi stratejisinin belirlenmesi ile ilgilidir.

Düşük Over Yanıtı veren hastalar in vitro fertilizasyon (IVF) için overyan stimülasyon uygulanan hastaların %9-24'ünü oluşturur, yani her dört hastada bire kadar hasta kötü bir üreme prognozu ile karşı karşıyadır (1). Etiyopatogenez karmaşıktır ve sadece kısmen anlaşılmıştır; bilinen etiyolojileri arasında yaşa bağlı olarak overyan foliküllerin azalması, ileri endometriozis, kromozomal ve genetik değişiklikler, önceki overyan cerrahi ve pelvik yapışıklıklar, metabolik ve enzimatik hastalıkların yanı sıra toksik, otoimmün ve bulaşıcı hastalıklar yer almaktadır (2).

Düşük Over yanıtı, daha önceki yayınlarda eksojen gonadotropinlerle uyarım sonrası yeter-

siz matür folikül gelişimi ve az sayıda oosit eldesi ve sonuç olarak bir stimülasyon başarısızlığı şeklinde tanımlanmış olsa da birçok randomize kontrollü çalışma (RKÇ)da farklı tanı kriterlerinin yer alması (3) tanımları standartlaştırma ve netleştirme ihtiyacını doğurmuştur. Bu amaçla yakın tarihli iki girişim olmuştur.

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Amaç elde edilecek yumurta sayısını dolayısıyla Kontrollü Over Stimülasyon (KOS)a düşük yanıtı olan hastaları ya da risk altındaki hastaları tahmin etmektir.

Bologna Kriterleri (3 tanı kriterinden en az ikisinin varlığı tanı için gereklidir)

1. İleri maternal yaş (≥ 40 yaş) veya düşük over yanıtı için herhangi bir risk faktörünün bulunması (endometriozis, kemoterapi, radyoterapi, overyan cerrahi...)
2. Daha önce yapılan konvansiyonel stimülasyon sonrası ≤ 3 oosit elde edilmiş olması
3. Azalmış over rezerv testi varlığı (Antral Folikül Sayısı (AFC) $< 5-7$ ve/veya Antimülleryan Hormon (AMH) < 1.2 ng/mL

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