

## Ultrasonografik Folikül Takibi, Ovulasyon Tetikleme Zamanı ve Kullanılan İlaçlar

Fatma TANILIR ÇAĞIRAN<sup>1</sup>

### GİRİŞ

Başarılı bir ovulasyon indüksiyonu için siklus monitorizasyonun dikkatle ve titizlikle yapılması gerekmektedir. Mevcut ultrason bulgularının hormon testleri ile kombine edilip siklus dozları belirlenmelidir.

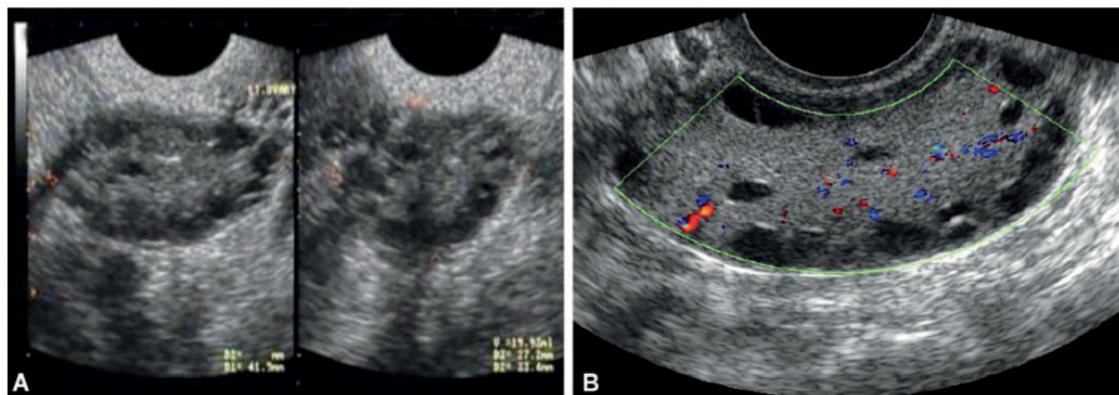
### ULTRASONOGRAFİK FOLİKÜL TAKİBİ

Belirlenen hedef tedavi yöntemine göre unifoliküler ya da multifoliküler gelişime göre siklus düzenlenmelidir. Ekzojen gonadotropinlerle ya-

plan tedavi modalitelerinde güvenli ve etkili indüksiyon, büyük ölçüde tedavi eden klinisyenin deneyimine bağlıdır (1).

Fizyolojisine uygun ilerleyen bir siklusda antral folüküller siklusun 5-7. günlerinde görünür halde 10 mm altındadır, devam eden süreçte dominant folikül 8-12. günlerde belirginleşir. Günlük büyümeye hızı yaklaşık 1-3 mm'dir. Antral folikül sayısı ultrasonografi bulguları Resim 1'de verilmiştir.

LH pikinin olduğu zamanda ortalama çapı yaklaşık 20-24 mm ölçülür. Bu süreçte küçük foliküllerin çapı nadiren yaklaşık 14 mm'yi geçer.



Resim 1. A ve B: Antral folikül sayısı (2).

<sup>1</sup> Op. Dr., Özel Muayehane, Kadın Hastalıkları ve Doğum Kliniği, fatmatanilir@hotmail.com, ORCID iD: 0000-0002-1460-6965

## KAYNAKLAR

1. Dickey RP, Holtkamp DE. Development, pharmacology and clinical experience with clomiphene citrate. *Hum Reprod Update* 1996;2:483- 506.
2. Malhotra J, Malhotra N, Malhotra N, et al. Follicle Monitoring and Endometrial Correlation. Donald School Journal of Ultrasound in Obstetrics and Gynecology. 2021;14(4): 315-323.
3. Weiss NS, van Vliet MN, Limpens J, et al. Endometrial thickness in women undergoing IUI with ovarian stimulation. How thick is too thin? A systematic review and meta-analysis. *Human Reproduction*. 2017;32:1009.
4. Pabuçcu R, Pabuçcu EG. İntrauterin inseminasyon ve in vitro fertilizasyonda ovulasyon indüksiyonu yöntemleri. *Turkiye Klinikleri J Gynecol Obst-Special Topics* 2013;6(1):22-41.
5. Kol S, Humaidan P. GnRH agonist triggering: recent developments. *Reprod Biomed Online* 2013;26(3):226-30.
6. Youssef MA, Abou-Setta AM, Lam WS. Recombinant versus urinary human chorionic gonadotrophin for final oocyte maturation triggering in IVF and ICSI cycles. *Cochrane Database Syst Rev*. 2016;23(4):CD003719.
7. Humaidan P, Alsbjerg B. GnRHa trigger for final oocyte maturation: is HCG trigger history? *Reprod Biomed Online* 2014;29(3):274-80.
8. Evans J, Salamonsen LA. Too much of a good thing? Experimental evidence suggests prolonged exposure to hCG is detrimental to endometrial receptivity. *Hum Reprod*. 2013;28(6): 1610-9.
9. Orvieto R. Triggering final follicular maturation-hCG, GnRH-agonist or both, when and to whom? *J Ovarian Re*. 2015; 8:60.
10. European Recombinant LH Study Group. Human recombinant luteinizing hormone is as effective as, but safer than, urinary human chorionic gonadotropin in inducing final follicular maturation and ovulation in in vitro fertilization procedures: results of a multicenter double-blind study. *J Clin Endocrinol Metab*. 2001; 86:2607.
11. Itsikovitz-Eldor J, Kol S, Mannaerts B. Use of a single bolus of GnRH agonist triptorelin to trigger ovulation after GnRH antagonist ganirelix treatment in women undergoing ovarian stimulation for assisted reproduction, with special reference to the prevention of ovarian hyperstimulation syndrome: preliminary report: short communication. *Hum Reprod*. 2000; 15(9):1965-8.
12. Griesinger G, Kolibianakis EM, Papanikolaou EG, et al. Triggering of final oocyte maturation with gonadotropin releasing hormone agonist or human chorionic gonadotropin. Live birth after frozen-thawed embryo replacement cycles. *Fertil Steril*. 2007;88(3):616-21.
13. Shapiro BS, Daneshmand ST, Garner FC, et al. Gonadotropin-releasing hormone agonist combined with a reduced dose of human chorionic gonadotropin for final oocyte maturation in fresh autologous cycles of in vitro fertilization. *Fertil Steril*. 2008; 90(1):231-3.
14. Griffin D, Benadiva C, Kummer N, et al. Dual trigger of oocyte maturation with gonadotropin-releasing hormone agonist and low-dose human chorionic gonadotropin to optimize live birth rates in high responders. *Fertil Steril*. 2012;97(6):1316-20.
15. Castillo JC, Garcia-Velasco J, Humaidan P. Empty follicle syndrome after GnRHa triggering versus hCG triggering in COS. *J Assist Reprod Genet*. 2012;29(3):249-53.
16. Beck-Fruchter R, Weiss A, Lavee M, et al. Empty follicle syndrome: successful treatment in a recurrent case and review of the literature. *Hum Reprod*. 2012;27(5):1357-67.
17. Kolibianakis EM, Venetis CA, Kalogeropoulou L, et al. Fixed versus flexible gonadotropin-releasing hormone antagonist administration in in vitro fertilization: a randomized controlled trial. *Fertil Steril*. 2011;95(2):558-62.