

# Bölüm 4

## AZOSPERMİ OLGULARINDA RADYOLOJİK GÖRÜNTÜLEME YÖNTEMLERİ

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### GİRİŞ

İnfertilite bir yıl boyunca sık ve korunmasız cinsel ilişkiye rağmen gebeliğin sağlanamaması olarak tanımlanır (1). Dünya Sağlık Örgütü tarafından yapılan çok merkezli bir çalışmada, infertilite vakalarının %20'sinde nedenin ağırlıklı olarak erkek olduğu ve %27'sinde ise her iki partnerde de anormallik olduğu bildirilmiştir. Bu nedenle, kısırlık vakalarının yaklaşık %50'sinde erkek faktörü mevcuttur (2). Erkek infertilite tanısı alan bu hastaların üçte birinde fiziksel bir neden belirlenir (3).

Erkek infertilitesinin nedenleri;

- 1) Pre-testiküler azospermisi (%2): Hipotalamik veya hipofiz anormalliği nedeniyle hipogonadotropik hipogonadizm teşhisi konan azoospermia olguları.
- 2) Testis yetmezliği veya obstrüktif olmayan azospermisi (%49-93): Testis yetmezliği olan erkeklerde ya azalmış spermatogenez (hipospermatogenez-erken veya geç spermatogenez safhasında duraksama) ya da Sertoli-cell only sendromunda görülen spermatogenezin tüm basamaklarının ilerleyememesi şeklinde görülür (1-4).

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TESE Operasyonu öncesi radyolojik yöntemlerin kullanılması ile başarı oranları arttırmaya çalışılmaktadır. Testis perfüzyonunun testis tübüler fonksiyonu ve sperm üretiminin olduğu odaklar ile ilişkili olduğu varsayılarak son yıllarda renkli Doppler, power Doppler ultrasonografi, kontrastlı ultrasonografi ve manyetik rezonans görüntüleme yöntemleri kullanılmıştır.

Sonuç olarak azospermî hastalarını sınıflandırmak, etkili tedavi yöntemlerini bulabilmek ve sperm üretiminin olduğu seminifer tübüllerin lokalizasyonunu belirlemek için radyolojik görüntüleme yöntemleri kullanılabilir.

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