

PUBERTE VE BOZUKLUKLARI

25. BÖLÜM

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GİRİŞ

Puberte; erişkin boy ve vücut kompozisyonunun, genityaly gelişiminin ve üreme kapasitesinin kazanıldığı dönem olarak kabul edilmektedir ⁽¹⁾. Çocukluktan erişkinliğe geçişin gerçekleştiği bu dönemdeki problemler çocuk hekimlerinin ilgi alanına girmektedir. Bu yüzden hem normal pubertenin hem de puberte bozukluklarının bilinmesi önem taşımaktadır.

NORMAL PUBERTE

Gonadotropin serbestleştirici hormonun (GnRH) hipotalamustan pulsatil olarak salınımının aktivasyonu puberteyi başlatan etkidir. Bu aktivasyon ön hipofizden lüteinizan hormon (LH) ve follikül stimülan hormon (FSH) salınımını arttırmakta; hipofizer LH ve FSH üretimi de gonadların gelişimi, gametogenesis ve gonadlardan seks steroidlerinin salgılanmasını sağlamaktadır ⁽¹⁾. Serum kisspeptin düzeyinin yükselmesi puberte başlangıcının ilk biyokimyasal belirteci olarak kabul edilmektedir ⁽²⁾.

Hipofiz bezinin stromal ektodermal kökenli anterior lobu ve nöral orjinli posterior lobu 11. gestasyonel haftada farklılaşmış olur ⁽³⁾. Aynı gestasyon haftasında GnRH nöronları olfaktor plakoddan medial bazal hipotalamusa göçünü tamamlar ⁽⁴⁾. Hipotalamik GnRH daha sonra fetal serum LH ve FSH düzeyleri ile birlikte yükselmeye başlar ⁽⁵⁾. Gestasyonun 20-24. haftalarında LH ve FSH düzeyleri pik yaparak bu haftadan sonra düşmeye başlar ⁽⁶⁾. Yenidoğan ve süt çocukluğu döneminde hipotalamo-pitüiter-gonadal (HPG) aksı yeniden aktive olmakta; bu döneme mini puberte adı verilmektedir. Mini puberte sonrası dönemden 8-9 yaşa kadar olan zamanda HPG aksı çalışmamakta; serum LH ve FSH düzeyleri ölçülemeyecek düzeylere gerilemektedir ⁽¹⁾.

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ile meme gelişiminin sağlanması ya da dökülme kanamalarının başlamasından sonra tedaviye progesteron eklenir. İkili hormon tedavisi ile hem menstrüasyon sağlanmakta hem de hasta endometrium kanserinden korunmaktadır⁽⁵⁷⁾.

SONUÇ

Çocukluktan erişkinliğe geçiş dönemi olan pubertal dönemin normal gelişiminin ve patolojik bozukluklarının bilinmesi önemlidir. PP'dan şüphelenilen hastalarda pubertenin benign varyantlarının ayırıcı tanısı yapılmalı; ayrıca hangi hastaların tedaviye ihtiyacı olduğu belirlenmelidir. Tedaviye ihtiyaç duyan hastaların belirlenmesi ile boy kısalığı, psikososyal stres gibi PP komplikasyonların önüne geçilmesi sağlanacaktır. Gecikmiş pubertesi olan hastalarda etyolojinin hipergonadotropik veya hipogonadotropik olduğu belirlenerek uygun tedavi yöntemleri uygulanmalıdır.

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