Bölüm 11

OVARİAN HİPERSTİMULASYON SENDROMU

Gökhan TOSUN[1]

GİRİŞ

Ovarian hiperstimulasyon sendromu yardımlı üreme teknolojilerinde (ART) kullanılan kontrollü ovarian hiperstimulasyon (KOH) ile oluşan iatrojenik ve hayatı tehdit edebilen ciddi bir komplikasyondur. ART tedavisi alan kadınların %20-33'ünde hafif, %3-6'sında orta ve %0,1-2'sinde ağır ovarian hiperstimulasyon sendromu formlarının görüldüğü bildirilmiştir. Orta ve ağır formlar ise %1-5 görülmektedir (1, 2, 3). Bununla birlikte tam bir uzlaşılmış tanımlayıcı kriterler olmadığından gerçek insidansı tespit etmek güçtür. OHSS'nin geleneksel tanımı ovarian genişleme, assit, hemokonsantrasyon, hiperkoagulibite ve elektrolit imbalansı gibi bulgular spektrumunu içerir (4).

OHSS Patogenezi

OHSS tipik olarak overlerin gonadotropinler ile stimulasyonuyla aşırı over cevabı sonucunda multifoliküler gelişim, yüksek serum estradiol ve ovaryan genişleme ile oluşur. Gonadotropin stimulasyonuna ovarian cevaptan bağımsız olarak eksojen hCG uygulaması OHHS patogenezinde anahtar rol oynar. hCG'nin ovulatuar dozu uygulanmadıkça OHSS gelişmez (5, 6). OHSS'nin patogenezi karmaşıktır ve birçok yönü henüz netliğe kavuşmamıştır ancak ovarian cevap OHSS riski ile doğrudan ilişkilidir. hCG varlığında artmış estradiol seviyeleri kistik fibrozis transmembran iletim regülatörü ekspresyonunu artırabilir ve epitelyal iyon kanallarından vücud sıvılarında masif yer değişimine yol açabilir (7, 8, 9). OHSS'de inflamatuar mediatörlerin, vasküler endotelyal büyüme faktörünün (VEGF) sekresyonunun arttığına ve renin-anjiotensin sisteminin aktive olduğuna dair kanıtlar vardır (10). VEGF'nin hCG'ye bağlı bir etki mekanizması ile endoteldeki hücreler arası yapışma komplekslerinden özellikle claudin'i etkileyerek OHSS patofizyolojisinde başlıca rolü oynadığı düşünülmektedir (11).

OHSS'de klasik patolojik değişiklikler arteriolar vazodilatasyon ve kapiller geçirgenlik artışından dolayı intravasküler alandan ekstravasküler boşluklara pro-

[1] Op.Dr.Gökhan TOSUN, T.C. Sağlık Bakanlığı İzmir Buca Kadın Doğum ve Çocuk Hastalıkları Hastanesi, drgokhan77@gmail.com

düşürülür fakat canlı doğum oranları düşük bulunmuştur. OHSS gelişme riskini en aza indirmenin en öncelikli olduğu oosit donörlerinde, 10 mm'den büyük 20'den fazla folikül olduğunda oosit veya embrio dondurulacaksa ve OHSS riski yüksekse iyi bir seçenektir (43).

- Dopamin agonistleri olan kobergolin ve quinagolide'in oosit toplama veya hCG tetik gününden başlanarak kullanılmasının OHSS riskini azalttığı gösterilmiştir (36, 44).
- Mevcut bilgilere göre OHSS'yi önlemek için IV albümin kullanımının belirgin bir yararı yoktur (45).
- Embrio kryoprezervasyonu OHSS riskindeki sikluslarda düşünülse de OHSS riskini azalttığı çelişkilidir (46).
- Düşük doz aspirinin OHSS riskini azalttığına dair çok az yayın olsa da veriler henüz yetersizdir (21, 47).

Anahtar Kelimeler: Ovarian Hiperstimulasyon Sendromu, VEGF.

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