

Bölüm 13

OVARYAN HİPERSTİMÜLASYON SENDROMU: ÖNGÖRME VE ÖNLEME STRATEJİLERİ

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GİRİŞ

Ovaryan hiperstimülasyon sendromu (OHSS) farmakolojik ajanlarla ovaryan stimülasyon yapılarak elde edilecek oosit ve embriyo sayısını arttırmaya yönelik yardımcı üreme teknolojilerinin kullanıldığı fertilitite tedavi yöntemlerinin komplikasyonlarından biri olarak karşımıza çıkmaktadır. OHSS önemli bir başlıktır çünkü fertilitite tedavilerinin sınırlı sayıdaki komplikasyonlarından biridir ve nadiren de olsa mortal seyredebilir. OHSS ile ilişkili mortalite oranları tam olarak bilinmemekle birlikte Hollanda'da 1994-2008 tarihleri arasında gerçekleştirilen yaklaşık yüzbin in vitro fertilizasyon (İVF) siklusunda OHSS nedenli üç ölüm vakası bildirilmiştir (1). Günümüzde çoğunlukla öngörülebilir ve zamanında uygun önleme stratejilerinin takip edilmesiyle OHSS riskinin son derece azaltılması ve hatta önlenmesi mümkün olabilir.

TANIM VE İNSİDANS

OHSS'nin tanımı büyümüş multikistik overleri, asit varlığını, hemokonsantrasyon, hiperkoagülabilitte ve elektrolit dengesizliklerini içeren bir spektrum içinde yer alır (2). Granüloza hücrelerinin çoğunlukla kontrollü ovaryan hiperstimülasyon sonrası ekzojen human koryonik gonadotropin (HCG) veya luteinizan hormon (LH) ile luteinizasyonu sonucunda üretilen vasküler endotelial growth faktör (VEGF) başta olmak üzere diğer birçok proinflamatuvar sitokin aracılığıyla vasküler geçirgenliğin artışı ve üçüncü boşluğa sıvı kaçağı ile karakterize bir sistemik hastalıktır (1,3).

OHSS insidansının uygulanan fertilitite tedavisine göre değişkenlik gösterdiği bilinmektedir. Konvansiyonel İVF sikluslarının 1/3'ünde hafif şiddette OHSS gözlenirken orta-ciddi OHSS insidansı %3.1-8 olarak bildirilmektedir (4). Klomifen sitrat veya gonadotropinlerle monofoliküler gelişimin hedeflendiği ovulasyon

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Sonuç olarak infertilite tedavisinin en ciddi komplikasyonlarından olan OHSS riskli hasta popülasyonunun belirlenmesiyle öngörülebilir ve gerekli tedbirlerin zamanında alınmasıyla neredeyse önlenabilir bir durumdur.

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