БЪРЗАЙ БАВНО!



Младена Вантова

1.Проблеми

Дали пациентката не е предразположила генетичната си предразположеност?

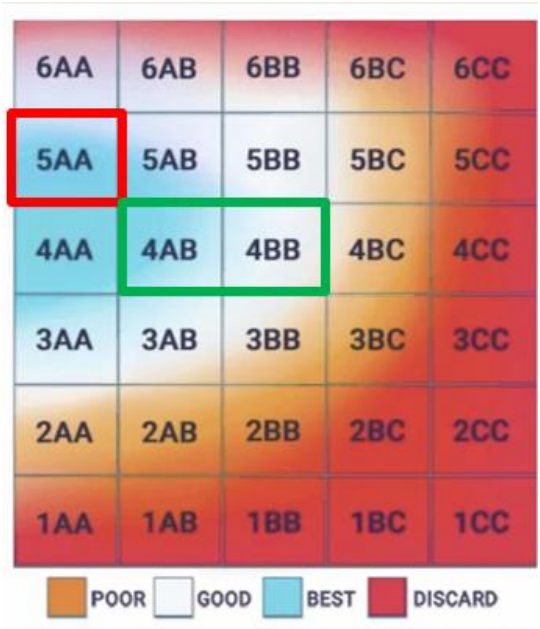
Lynch syndrome

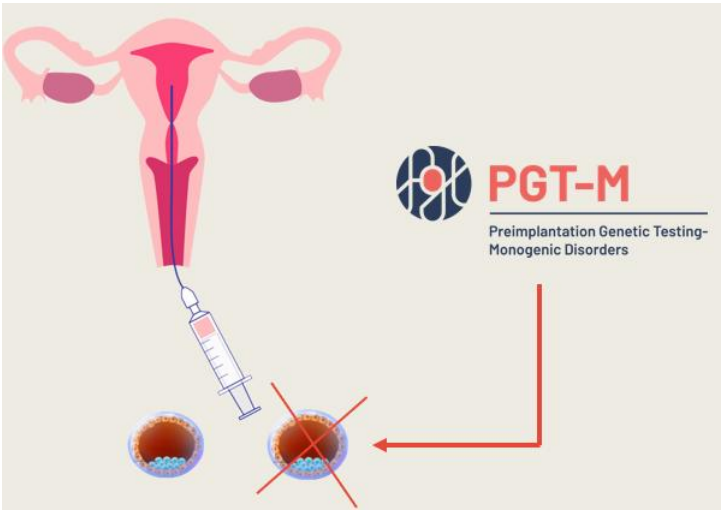
Ендометриоиден ендометриален карцином G1,FIGO 1

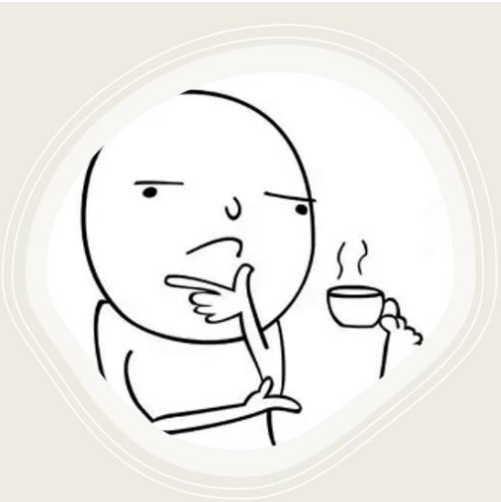
- Затлъстяване първа степен-33,8кг/м2
- ИР
- Предиабет HbA1c-5,9%

PMOS:
- Опсоменорея
- ИР
- Ановулаторни цикли




6AA
6AB
6BB
6BC
6CC
5AA
5AB
5BB
5BC
5CC
4AA
4AB
4BB
4BC
4CC
3AA
3AB
3BB
3BC
3CC
2AA
2AB
2BB
2BC
2CC
1AA
1AB
1BB
1BC
1CC
POOR
GOOD
BEST
DISCARD


PGT-M
Preimplantation Genetic Testing-
Monogenic Disorders

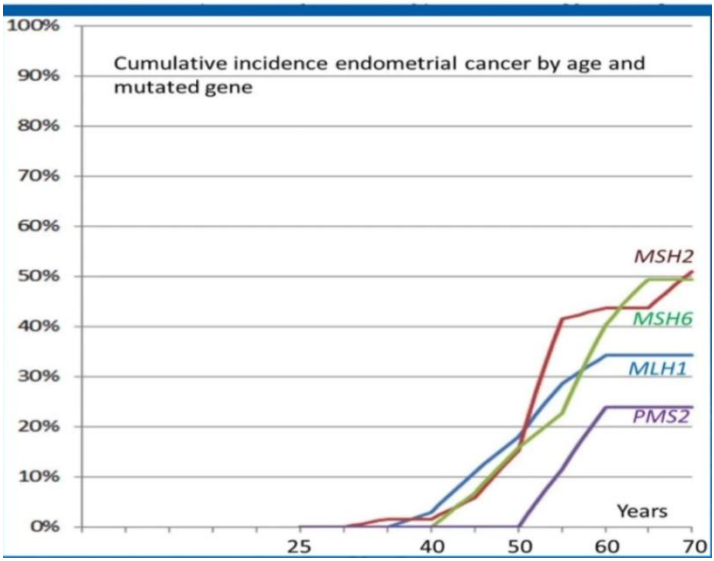


Могат ли да се решат тези проблеми?

ORIGINAL ARTICLE

OPEN ACCESS

Cancer incidence and survival in Lynch syndrome patients receiving colonoscopic and gynaecological surveillance: first report from the prospective Lynch syndrome database



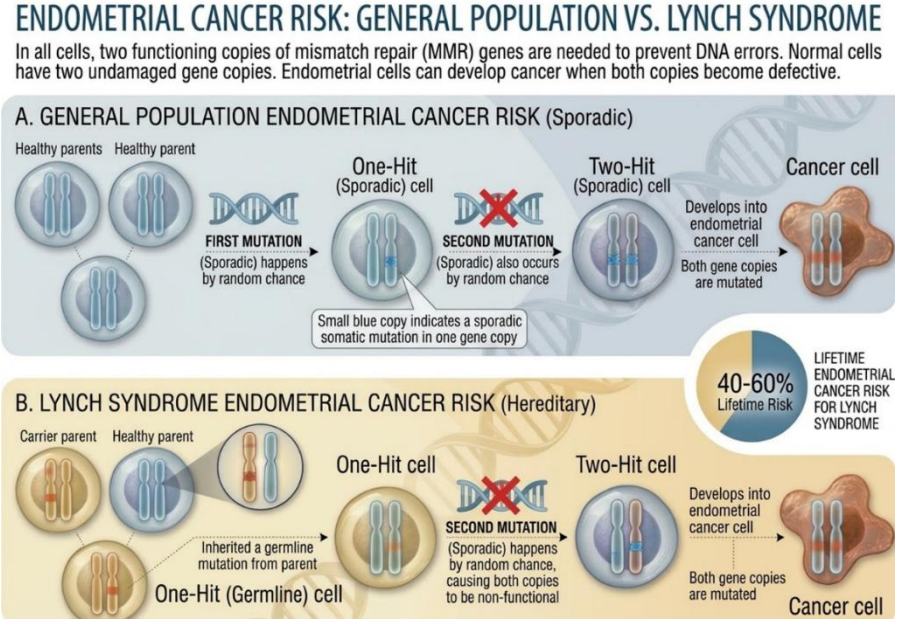
National Comprehensive Cancer Network®

NCCN Guidelines Version 1.2018 Lynch Syndrome

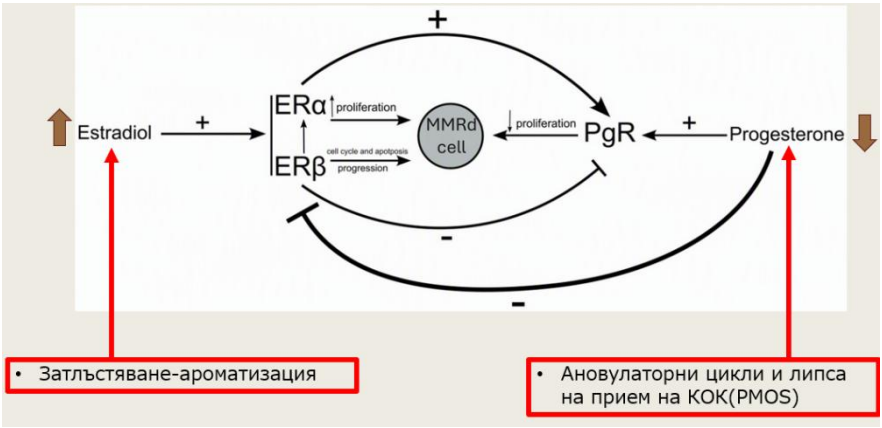
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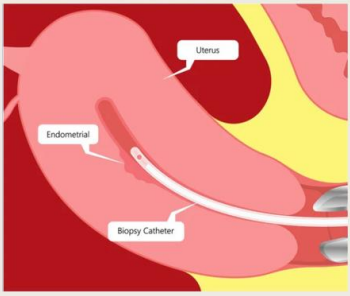
Cancer Risk Up to Age 70 Years in Individuals with Lynch Syndrome Compared to the General Population

Cancer	General Population Risk[1]	*MLH1* or *MSH2*[1,2,3]	
		Risk	Mean Age of Onset
Colon	4.5%	52%–82%	44–61 years
Endometrium	2.7%	25%–60%	48–62 years
Prostate[9]	11.6%	~30%	59–69 years
Ovary	1.3%	MLH1 - 11%–20% by age 70 y[2,12] MSH2 - 15%–24% by age 70 y[2,12] See additional age-specific risks on LS-B 2 of 2	45y - MLH1[12] 43 y - MSH2[12]
Stomach	<1%	6%–13%	56 years
Hepatobiliary tract	<1%	1%–4%	50–57 years
Urinary tract	<1%	1%–7%[10]	54–60 years
Small bowel	<1%	3%–6%	47–49 years
Brain/CNS	<1%	1%–3%	~50 years
Sebaceous neoplams	<1%	1%–9%	Not reported
Pancreas[11]	<1%	1%–6%	Not reported



1. Повече клетъчно делене
2. Усилена репликация
3. По-голям шанс за „second hit“





9м

12м

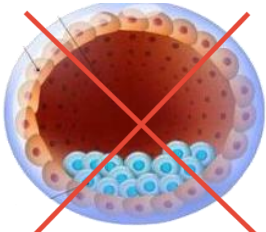


Пълна ремисия

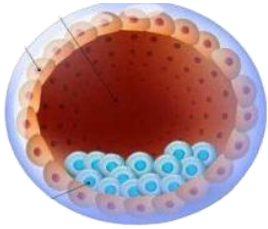
Отлагаме ли трансфера?



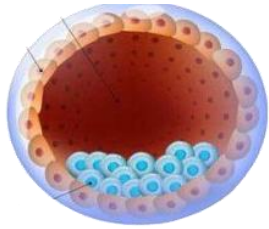




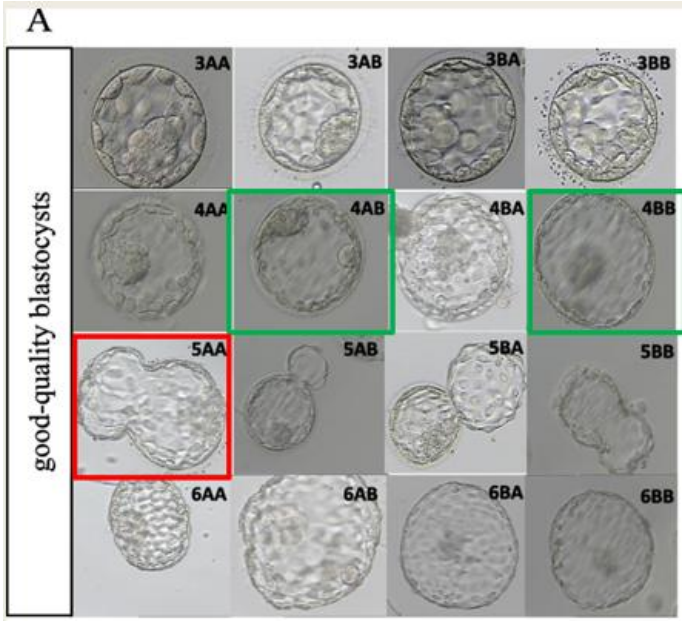
5AA



4AB



4BB



Автономия

Загуба на време-3/4 месеца

Шанс за унаследяване на синдрома като при спонтанна бременност

Риск за ембрионите(един вече е изгубен)

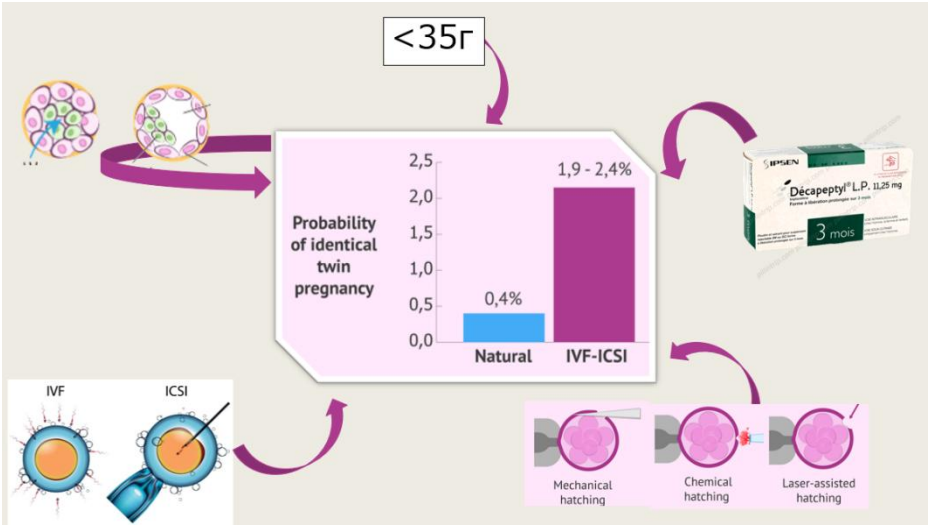
eSET

	Singleton	Twin	Triplet
Pre-eclampsia	6	10-12	25-60
Gestational diabetes	3	5-8	7
Pre-term labor	15	40	75
Delivery at <37 weeks	10	50	92
Delivery at <32 weeks	2	8	26
Neonates <2500g (%)	6.2	53.2	93.2
Neonates <1500g (%)	1.2	10.5	37.5
Average gestational age (weeks)	39.1	35.3	32.2
Average birth weight (g)	3358	2347	1687

Преeклапсия- изкуствена подготовка на ендометриума, наднормено тегло/обезитет

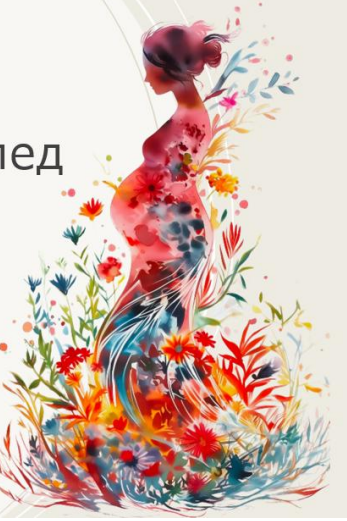
PMOS-GDM, преeклапсия

Преждевременно раждане- риск от церебрална парализа и бронхопулмонални увреждания





Какво следва след раждането?



Дали може да „отпредразположим“ генетичната предразположеност???

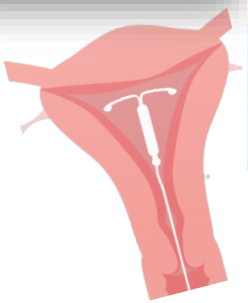


HHS Public Access
Author manuscript
JAMA. Author manuscript; available in PMC 2016 January 07.

Published in final edited form as:
JAMA. 2015 July 7; 314(1): 61–71. doi:10.1001/jama.2015.6789.

Female Hormonal Factors and the Risk of Endometrial Cancer in Lynch Syndrome

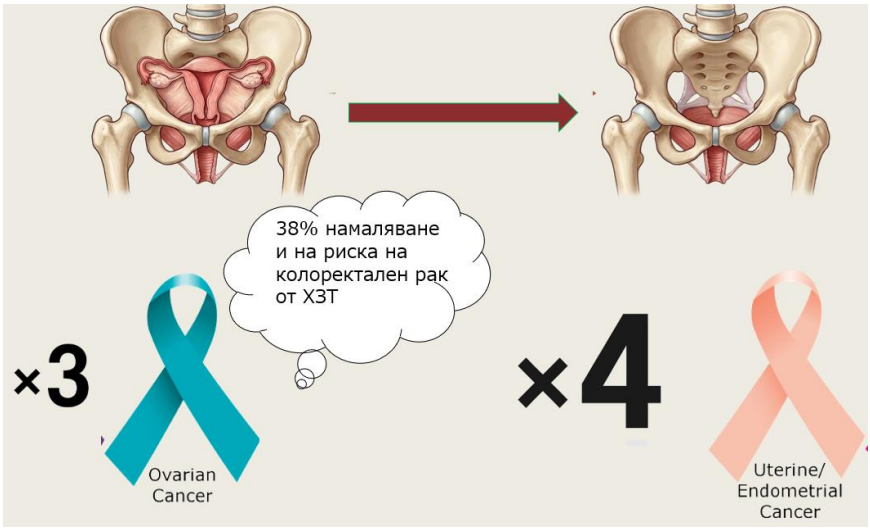




Фактор	
Възраст при менархе (за всяка 1 година по-късно)	По-късно менархе **HR 0,85** ≈ **15%** по-нисък относителен риск за всяка допълнителна година.
Поне едно живородено дете	Поне едно живородено дете **HR 0,21** ≈ **79%** по-нисък относителен риск спрямо липса на раждане.
Хормонална контрацепция (за поне 1 година)	Хормонална контрацепция ≥ 1 година **HR 0,39** ≈ **61%** по-нисък относителен риск спрямо употреба < 1 година.



Червеното или синьото хапче???


38% намаляване
и на риска на
колоректален рак
от ХЗТ
×3
Ovarian
Cancer
×4
Uterine/
Endometrial
Cancer


Независим екип
Проверка
Блокиране на B1
Защита на
пациента
Финансово
облекчение
Затягане на мерките


Благодаря за вниманието!
Една нерискова, неприбързана и в същото време не толкова забавена бременност!
КРАЙ