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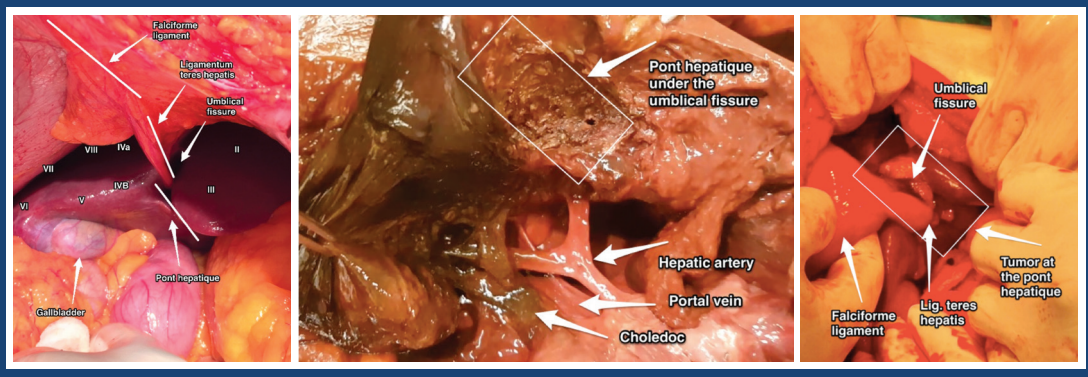

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Cover Picture: Selçuk et al. Comparative resection of ligamentum teres hepatis

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Yasmin® film kaplı tablet: Formülü: Her bir film kaplı tablet, 3 mg drospirenon ve 0.03 mg etinilestradiol içerir. **Endikasyonları:** Gebeliği önleyici etkisinin yanı sıra antimineralokortikoid ve antiandrogenik etkileri sayesinde, hormona bağlı su tutulması ve buna bağlı belirtilerle, akne ve seboreden yakınan kadınlarda etkilidir. **Kontrendikasyonları:** Kombine oral kontraseptifler aşağıdaki koşulların varlığında kullanılmamalıdır ve ilk kez kombine oral kontraseptif kullanımı sırasında bunlardan herhangi biri ortaya çıkacak olursa, tedavi hemen kesilmelidir. Venöz veya arteriyel trombotik/tromboembolik olayların (örneğin derin ven trombozu, pulmoner emboli, miyokard enfarktüsü) veya serebrovasküler bir olayın varlığı ya da öyküsü, Tromboz prodromu varlığı veya öyküsü (örneğin geçici iskemik atak, anjina pektoris), Fokal nörolojik belirtili migren öyküsü, Vasküler tutulumlu diabetes mellitus, Venöz veya arteriyel tromboz için ciddi ya da bir çok risk faktörünün varlığı da kontrendikasyon olarak kabul edilir (Bkz. Uyarılar/Önlemler), Pankreatit veya şiddetli hipertrigliseridemi ile bağlantılı pankreatit öyküsü. Karaciğer fonksiyon değerleri normale dönmedikçe, ciddi karaciğer hastalığı öyküsü veya varlığı, Şiddetli veya akut böbrek yetmezliği, Karaciğer tümörü varlığı veya öyküsü (iyi veya kötü huylu), Eğer seks steroidlerinden etkileniyorsa genital organların veya memenin bilinen ya da şüpheli malign hastalıkları, Tanı konulmamış vaginal kanama, Bilinen gebelik veya şüphesi, Etkin ya da yardımcı maddelerden herhangi birine aşırı duyarlılık hali. **Uyarılar/Önlemler:** Dolaşım bozuklukları: Epidemiyolojik çalışmalar, kombine oral kontraseptif kullanımıyla miyokard enfarktüsü, inme, derin ven trombozu ve akciğer embolisi gibi arteriyel ve venöz trombotik/tromboembolik hastalıkların risk artışı arasında bir ilişki bulunduğunu belirtmektedirler. Bu olaylar ender olarak ortaya çıkmaktadır. Derin ven trombozu ve/veya pulmoner emboli şeklinde ortaya çıkan venöz tromboemboli (VTE) tüm kombine oral kontraseptiflerin kullanımı sırasında ortaya çıkabilir. Kombine oral kontraseptif kullananlarda, çok ender olarak, hepatik, mezenterik, renal, serebral veya retinal venler ve arterler gibi diğer kan damarlarında da tromboz bildirilmiştir. Kombine oral kontraseptif kullanımı ile bu olayların ortaya çıkması arasındaki nedensel ilişki halen tartışmalıdır. Venöz veya arteriyel trombotik/tromboembolik durumlar ya da serebrovasküler olay riski aşağıdaki faktörlerle artar: Yaş, Sigara kullanılması, Olası aile öyküsü, Obesite, Dislipoproteinemi, Hipertansiyon, Migren, Kalp kapak hastalığı, Atriyal fibrilasyon, Uzun süreli immobilizasyon. Lohusalık döneminde tromboemboli gelişimi riskinin arttığı göz önüne alınmalıdır. Kombine oral kontraseptiflerin kullanılması sırasında, migrenin sıklığında ve şiddetinde artış ortaya çıkması (bir serebrovasküler olayın habercisi olabilmesi açısından) ilacın derhal kesilmesi için bir neden olabilir. Tümörler: Bazı epidemiyolojik çalışmalarda uzun süre kombine oral kontraseptif kullananlarda servikal kanser riskinde artış görüldüğü bildirilmiştir. Ancak bu bulguların seksüel davranış ve human papilloma virus (HPV) gibi diğer faktörlerle bağlantısı da halen tartışılmaktadır. 54 epidemiyolojik çalışmayı kapsayan bir meta-analiz sonuçlarına göre halen oral kontraseptif kullanan kadınlarda meme kanserine rastlanma oranında hafif bir artış olduğu rapor edilmiştir. Bu risk artışı oral kontraseptif kullanımının kesilmesiyle birlikte 10 yıl içinde göreceli olarak ortadan kalkar. Meme kanseri görülme sıklığı 40 yaşın altındaki kadınlarda düşük olduğundan, bu açıdan meme kanseri riski fazla anlamlı değildir. Kombine oral kontraseptif kullanıcılarında nadir olgularda iyi huylu, çok nadiren de habis karaciğer tümörleri gözlemlenmiştir. Sınırlı olguda bu tümörler yaşamı tehdit eden batın içi kanamalara yol açar. **Diğerleri:** Böbrek yetmezliği olan hastalarda potasyum atılım kapasitesi sınırlı olabilir. Hipertrigliseridemisi olan ya da bu şekilde bir aile öyküsüne sahip bulunan kadınlarda, kombine oral kontraseptif kullanımıyla pankreatit gelişimi riskinde artış ortaya çıkabilir. Kombine oral kontraseptif alan kadınların çoğunda kan basıncında hafif artış görüldüğü bildirilmesine rağmen, klinik olarak anlamlı artış enderdir. Karaciğer fonksiyonlarında görülen akut ve kronik değişiklikler, kombine oral kontraseptif kullanımının fonksiyon testi değerleri normale dönene dek kesilmesini gerektirebilmektedir. Gebelik sırasında ilk kez ortaya çıkan ya da daha önce seks steroidlerinin kullanıldığı sırada görülmüş olan kolestatik sarılığın nüks etmesi kombine oral kontraseptif kullanımının kesilmesi gerekliliğini göstermektedir. Kombine oral kontraseptif kullanan diyabetik kadınlar dikkatle gözlenmelidir. Crohn hastalığı ve ülseratif kolit kombine oral kontraseptif kullanımı ile ilişkilendirilmiştir. Özellikle gebelik maskesi öyküsü olan kadınlarda daha belirgin olmak üzere kloazma ortaya çıkabilir. Kloazma eğilimi olan kadınlar kombine oral kontraseptif kullanımı esnasında güneşe çıkmaktan ya da ultraviyole ışınlarına maruz kalmaktan kaçınmalıdır. Azalmış etkinlik: Kombine oral kontraseptiflerin etkinliği tablet alımı unutulduğunda (Bkz. Tablet alımı unutulduğunda), mide-barsak bozuklukları olması halinde (Bkz. Mide-barsak bozuklukları durumunda), ya da eş zamanlı ilaç tedavilerinde (Bkz. İlaç Etkileşmeleri) azalabilir. Azalmış siklus kontrolü: Tüm kombine oral kontraseptiflerde, özellikle kullanımın ilk aylarında düzensiz kanamalar (lekelenme veya kırılma kanamaları) gelişebilir. Eğer kanama düzensizliği devam eder veya kanamalar düzenliyken ortaya çıkarsa non-hormonal etkenler göz önüne alınmalı ve malignite veya gebeliğin ekarte edilmesi için kürtajın da dahil olabileceği uygun tanısal girişimlerde bulunulmalıdır. Bazı kadınlarda tablet alınmayan dönemde çekilme kanaması oluşmayabilir. **Yan etkiler/advers etkiler:** Kombine oral kontraseptiflerin kullanımıyla ilişkilendirilen en ciddi yan etkiler "Uyarılar/Önlemler" bölümünde ele alınmıştır. Aşağıdaki diğer yan etkiler kombine oral kontraseptif kullanıcılarında bildirilmiş ve ilişkileri ne doğrulanmış ne de yanlışlığı kanıtlanmıştır. Göz: kontakt lense toleranssızlık; Gastrointestinal sistem: bulantı, kusma, batında ağrı, diyare; Immun sistem: hipersensitivite; Metabolizma ve beslenme: sıvı retansiyonu, ağırlık artışı, ağırlık azalması; Sinir sistemi: başağrısı, migren, libido azalması, libido artışı, depresif duygu durumu, duygu durum değişiklikleri; Üreme sistemi ve meme: meme hassasiyeti, meme ağrısı, memede hipertrofi, memede akıntı, vaginal akıntı; Cilt ve ciltaltı: döküntü, ürtiker, eritema nodozum, eritema multiforme. **İlaç etkileşmeleri:** Oral kontraseptifler ve diğer ilaçlar arasındaki etkileşimler kırılma kanamalarına ve/veya kontraseptif başarısızlığa yol açabilirler. Aşağıdaki etkileşimler literatürde bildirilmiştir. Hepatik metabolizma: Mikrozomal enzimleri etkileyen ilaçlarla (ör. fenitoin, barbitüratlar, primidon, karbamazepin, rifampisin ve muhtemelen okskarbazepin, topiramat, felbamat, ritanovir, griseofulvin ve "St. John's wort" içeren ürünler) olan etkileşimler, seks hormonlarının klerensinin artması ile sonuçlanabilir. Enterohepatik dolaşımla etkileşmeler: Belirli antibiyotik ajanların (ör. penisilinler, tetrasiklinler) verilmesi durumunda estrogenlerin enterohepatik dolaşımının azalabileceğini ve bunun da etinilestradiol düzeylerini azaltabileceğini savunan klinik raporlar mevcuttur. Kullanım şekli ve dozu: Kullanım: Tabletler paketin üstünde gösterildiği yönde, hergün yaklaşık aynı zamanda bir miktar suyla alınmalıdır. Birbirini izleyen 21 gün boyunca hergün bir tablet alınır. Her bir sonraki pakete 7 günlük, sıklıkla çekilme kanamasının izlendiği, tablet alınmayan dönemi takiben geçilir. Bu kanama genellikle son tabletin alınmasını takiben 2.-3. gün başlar ve bir sonraki pakete başlandığında kesilmemiş olabilir. Tablet alımı unutulduğunda: Eğer kullanıcı tabletini almakta 12 saatten daha az geç kalmışsa, kontraseptif koruyuculuk azalmaz. Hatırlanır hatırlanmaz tablet alınmalı ve bir sonraki tabletler de her zamanki gibi alınmaya devam edilmelidir. Eğer 12 saatten daha fazla gecikme olmuşsa kontraseptif koruyuculuk azalmış olabilir. Mide-barsak bozuklukları durumunda: Şiddetli gastrointestinal bozuklukların olması durumunda emilim tam olmayabilir ve ek kontraseptif önlemler alınmalıdır. **Ticari takdim şekli:** PVC/Alüminyum blister'de 63 (3x21) adet film kaplı tablet. **Ruhsat tarihi:** 20.02.2002, **Ruhsat no:** 111/87, **Ruhsat sahibi:** Bayer Türk Kimya San. Ltd. Şti., Fatih Sultan Mehmet Mah. Balkan Cad. No:53 34770 Ümraniye - İstanbul Tel: (0216) 528 36 00 Faks: (0216) 538 37 40 Reçete ile satılır. 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A separate title page should be submitted with all submissions and should include the title of the article, name(s), affiliations and major degree(s) of the author(s) and source(s) of the work or study, a short title (running head) of no more than 50 characters. The name, address, telephone (including the mobile phone number) and fax numbers and e-mail address of the corresponding author should be listed on the title page.

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Instructions for Authors

Abstract

All manuscripts should be accompanied by an abstract. A structured abstract is required with original articles and it should include the following subheadings: Objective, Material and Methods, Results and Conclusion. A structured abstract is not required with review articles. The abstract should be limited to 250 words for original articles and review articles.

Keywords

Below the abstract provide 3 to 5 Keywords. Abbreviations should not be used as Keywords. Keywords should be picked from the Medical Subject Headings (MeSH) list (www.nlm.nih.gov/mesh/MBrowser.html).

Original manuscripts should have the following sections.

Introduction

State concisely the purpose and rationale for the study and cite only the most pertinent references as background.

Material and Methods

Describe the plan, the patients, experimental animals, material and controls, the methods and procedures utilized, and the statistical method(s) employed. In addition to the normal peer review procedure, all randomized controlled trials (RCTs) submitted to the journal are sent to members of a team of professional medical statisticians for reviewing.

Address "Institutional Review Board" issues as stated above. State the generic names of the drugs with the name and country of the manufactures. Provide information on informed consent and ethics committee approval.

Results

Present the detailed findings supported with statistical methods. Figures and tables should supplement, not duplicate the text; presentation of data in either one or the other will suffice. Emphasize only your important observations; do not compare your observations with those of others. Such comparisons and comments are reserved for the discussion section.

Discussion

State the importance and significance of your findings but do not repeat the details given in the Results section. Limit your opinions to those strictly indicated by the facts in your report. Compare your finding with those of others. Provide information on the limitations and strenghts of the study. No new data are to be presented in this section.

Reviews must contain the section with critical evaluation and inefficiacy of evidences and explanations to guide further studies in the end.

References

Number references in Arabic numerals consecutively in the order in which they are mentioned in the text starting with number "1". Use the form of the "Uniform Requirements for Manuscript Submitted to Biomedical Journals" (http://www.amaassn.org/public/peer/wame/uniform.htm). If number of authors exceeds seven, list first 6 authors followed by et al.

Journal titles should conform to the abbreviations used in "Cumulated Index Medicus".

Examples:

Journals;

Harrington K, Cooper D, Lees C, Hecher K, Campbell S. Doppler ultrasound of the uterine arteries: the importance of bilateral notching in the prediction of preeclampsia, placental abruption or delivery of a small-for-gestational-age baby. Ultrasound Obstet Gynecol 1996; 7: 182-8.

Book chapter;

Ertan AK, Tanriverdi HA, Schmidt W. Doppler Sonography in Obstetrics. In: Kurjak A, Chervenak FA, editors. Ian Donald School Textbook of Ultrasound in Obstetrics and Gynecology. New Delhi, India: Jaypee Brothers; 2003. p. 395-421.

Book;

Kohler G; Egelkraut H. In Kohler G and Egelkraut H (edts).Munchener Funktionelle Entwicklungsdiagnostik im zweitem und drittem Lebensjahr. Handanweisung. Munchen: Uni Munchen, Institut fur Soziale Paediatrie und Jugendmedizin; 1984.

Review Article: Review articles are comprehensive analyses of specific topics in medicine. All review articles will undergo peer review prior to acceptance. Review articles must not exceed 5000 words for the main text (excluding references, tables, and figure legends) and 400 words for the abstract. A review article can be signed by no more than 5 authors and can have no more than 80 references. Also there should be references to authors' own two works.

Editorial: Editorials are a brief remark on an article published in the journal by the reviewer of the article or by a relevant authority. Most comments are invited by the Editor-in-Chief but spontaneous comments are welcome. It must not exceed 700 words (excluding references). An abstract is not required with this type of manuscripts. It can have no more than 15 references and 1 figure or table.

Letter to the Editor: Letters in reference to a journal article must not exceed 500 words (excluding references). Letters not related to a journal article must also not exceed 500 words (excluding references). An abstract is not required with this type of manuscripts. A letter can be signed by no more than 4 authors and can have no more than 5 references and 1 figure or table.

Tables and Figures

Tables should be included in the main document after the reference list. Color figures or gray-scale images must be at minimum 300 DPI resolution. Figures should be submitted in "*.tiff", "*.jpg" or "*.pdf" format and should not be embedded in the main document. Tables

Instructions for Authors

and figures consecutively in the order they are referred to within the main text. Each table must have a title indicating the purpose or content of the table. Do not use internal horizontal and vertical rules. Place explanatory matter in footnotes, not in the heading. Explain all abbreviations used in each table in footnotes. Each figure must have an accompanying descriptive legend defining abbreviations or symbols found in the figure. If photographs of people are used, the subjects must be unidentifiable and the subjects must have provided written permission to use the photograph. There is no charge for color illustrations.

Units of Measurement and Abbreviations

Units of measurement should be in Systéme International (SI) units. Abbreviations should be avoided in the title. Use only standard abbreviations. If abbreviations are used in the text, they should be defined in the text when first used.

Revisions

Revisions will be sent to the corresponding author. Revisions must be returned as quickly as possible in order not to delay publication. Deadline for the return of revisions is 30 days. The editorial board retains the right to decline manuscripts from review if authors' response delays beyond 30 days. All reviewers' comments should be addressed and a revision note containing the author's responses to the reviewers' comments should be submitted with the revised manuscript. An annotated copy of the main document should be submitted with revisions. The Editors have the right to withdraw or retract the paper from the scientific literature in case of proven allegations of misconduct. The second plagiarism check will be made after revision.

Accepted Articles

Epub Ahead of Print

The abstract of the accepted manuscripts will be shown in PubMed as "Epub ahead of print".

An "Epub ahead of print" signifies that the electronic version of an article has been published online (at PubMed and the journal's website www.jtgga.org), but that the print version of the article has not yet been published.

If an article was published online ahead of print, the date it was published online, along with the digital object identifier (DOI) to ensure that all article versions can be identified, should follow the acceptance date footnote (or, if the journal does not publish the acceptance date, it should be placed first).

Journal and Society Web sites:

www.dtgg.de
(Deutsch-Türkische Gynäkologengeselleschaft)

www.tajev.org
(Turkish-German Gynecological Education and Research Foundation)

www.jtgga.org
(Journal of the Turkish-German Gynecological Association)

- Citation of published manuscripts in J Turk Ger Gynecol Assoc should be as follows: Tews G, Ebner T, Sommergruber M, Marianne M, Omar S. Ectopic Pregnancy in the Assisted Reproduction. J Turk Ger Gynecol Assoc 2004; 5: 59-62.

- The Journal name should be abbreviated as "J Turk Ger Gynecol Assoc"

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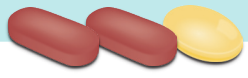

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3 Ovül

Trivag 300 mg/200 mg/100 mg Ovül

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Tiokonazol
Lidokain

Candida albicans'ın oluşturduğu
▶ **Kandidal vulvovajinit**,

Gardnerella vaginalis ve anaerob bakterilerin oluşturduğu
▶ **Bakteriyel vajinozis**,

Trichomonas vaginalis'in oluşturduğu
▶ **Trikomonal vajinit**,

▶ **Mikst vajinal enfeksiyonların**

ampirik tedavisinde tek form ile etkilidir.*

Tedavide rahatlık için*

* Trivag Kısa Ürün Bilgisi
ÜRÜN ADI: TRİVAG 300 mg/200 mg/100 mg ovül FORMÜLÜ: Her bir ovül 300 mg tinidazol, 200 mg tiokonazol, 100 mg lidokain içerir. TERAPÖTİK ENDİKASYONLAR: Candida albicans'ın oluşturduğu kandidal vulvovajinit; Gardnerella vaginalis ve anaerob bakterilerin oluşturduğu bakteriyel vajinoz ve Trichomonas vaginalis'in oluşturduğu trikomonal vajinit ile mikst vajinal enfeksiyonların tedavisinde kullanılır. KULLANIM ŞEKLİ VE DOZU: Gece yatmadan önce bir ovül, 3 gün süreyle uygulanır. TRİVAG sırtüstü yatar pozisyonda, paketin içindeki parmaklıkların yardımı ile vajen derinliğine uygulanmalıdır. İSTENMEYEN ETKİLER: Güçsüzlük, bitkinlik, halsizlik, baş ağrısı, baş dönmesi, ağızda metalik/acı tat, mide bulantısı, anoreksi, iştahsızlık, midede gaz toplanması, dispepsi, abdominal kramp, epigastrik rahatsızlık, kusma, konstipasyon, idrar renginde koyulaşma. GEBELİK VE LAKTASYON: Gebelik kategorisi C'dir. Tinidazol anne sütüne geçtiğinden emzirme döneminde tedavi sırasında bebek sütten kesilmelidir, tedavi bittikten 72 saat sonra emzirmeye devam edilmelidir. DİĞER TIBBİ ÜRÜNLERLE ETKİLEŞİMLER VE DİĞER ETKİLEŞİM ŞEKİLLERİ: Birlikte kullanıldığında tinidazolün emilmesine bağlı olarak etkileşim görülebilir; asenokumarol, anisindion, dikumarol, fenindion, fenprokumon, varfarin, kolestiramin, simetidin, siklosporin, disülfiram, fluorourasil, fosfenitoin, ketokonazol, lityum, fenobarbital, fenitoin, rifampin, takrolimus, CYP3A4 indükleyicileri/inhibitörleri. Tiokonazolün emilmesine bağlı olarak etkileşim görülebilir; oksikodon. Lidokainin emilmesine bağlı olarak etkileşim görülebilir; propranolol, simetidin, antiaritmik ürünler, fenitoin veya barbitüratlar. KONTRENDİKASYONLARI: Bileşimindeki etkin maddelere veya bunların türevlerine karşı aşırı duyarlılığı bulunanlarda, gebeliğin ilk üç ayında, emzirme döneminde, organik nörolojik bozukluğu bulunanlarda, kan diskrazisi tablosu veya geçmişi bulunan hastalarda. ÖZEL KULLANIM UYARILARI VE ÖNLEMLERİ: Vajinal yoldan kullanılmalıdır. Geçici lökopeni ve nötropeni gelişebilir. Tedavi süresince ve tedavi bittikten 3 gün sonrasına kadar alkol alınmamalıdır. Cinsel olgunluğa erişmemiş kız çocuklarında ve bakirelerde kullanılmamalıdır. Kardiyovasküler hastalıkları olanlarda dikkatli kullanılmalıdır. Kontraseptif diyafram ve prezervatifle temas etmemelidir. Lidokain özellikle yüksek dozda ve geniş deri yüzeylerine, bilhassa da oklüzyon altında uygulandığında kalp ritm bozuklukları, nefes alma zorluğu, koma ve hatta ölüme yol açabilmektedir. Spermisidler, vajinal duşlar veya vajinal yoldan uygulanan diğer ürünlerle birlikte kullanılmamalıdır. Trikomonal vajinit vakalarında eş tedavisi de gereklidir. TİCARİ TAKDİM ŞEKLİ VE FİYATI: Trivag ovül (Ruhsat tarihi ve no: 29.09.2017-2017/742) 16,53 TL. (Fiyat Tarihi: Mayıs 2018) Ruhsat Sahibi: Bilim İlaç San. ve Tic. A.Ş. Son Güncelleme: Mayıs 2018. Reçeteli satılır. Daha geniş bilgi için "BİLİM İLAÇ SAN. ve TİC A.Ş. 34440 Beyoğlu-İSTANBUL" adresine başvurunuz. Ürünlerimiz ile ilgili advers olayları PHARMACOVIGILANCE@bilimilac.com adresine e-posta göndererek veya 0 212 365 1717 iletişim numarasını arayarak ürün güvenliliği sorumlusuna bildirebilirsiniz.

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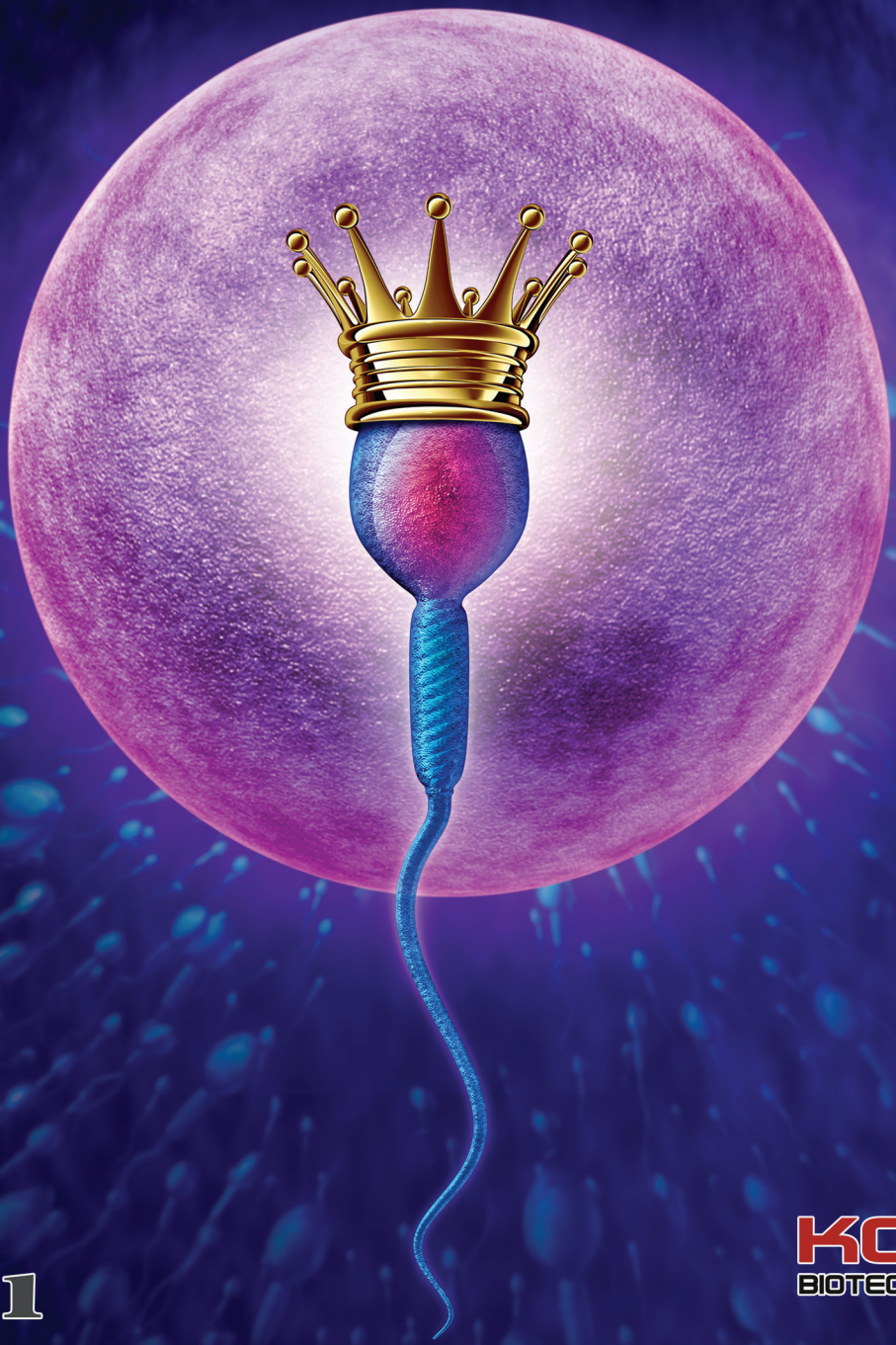

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