



TURKISH-GERMAN GYNECOLOGICAL EDUCATION and RESEARCH FOUNDATION

Journal of the Turkish-German Gynecological Association



Cover Picture: Fetal Hidrops in early scan (the courtesy of Gazi Yıldırım)

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AŞIRI UTERİN KANAMA'NIN TEDAVİSİNDE*:

FARKLI KADINLAR, FARKLI YAŞAMLAR, FARKLI GEREKSINIMLER

Oral tedaviyi tercih eden anormal uterin kanamalı kadınlarda¹



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Rahim içi sistem tercih eden anormal uterin kanamalı kadınlarda²



Endkaryonlari: Kontraseyson (gebeligi nöhemmesi). Jölyopatik menoraji. Estrogen replasman tedavis arasında endometriya opekelik gipises, Wearti ya da textrajan pekke inflamatuari instalik. At gental kanal endeksyon: Postpar endometri. Son 3 ay içinde endekt düşük Serveit, Servikal dapizi, Rahm ya da serviken habis tümörleri. Tan konsmyavon eğlümeriya ola and uru Akur kandiger hastalıkları veşa karacığer tumörli. Mirema^{*}min çerijene karşı obahicek şan düyatlık dururu. **Uyarlar /** Ohemme: Aşağıdaki durumla Akur kandiger hastalıkları veşa karacığer tumörli. Mirema^{*}min çerijene karşı obahicek şan düyatlık dururu. **Uyarlar /** Ohemme: Aşağıdaki durumla Mayen asimetrik görme kaybışlı seyir eden tokal miyem ya da ğeşici beyri skennisen yönelik başa durutu ya da sistem in çekarinası deliringi naryon yükelemisi, mene kanal makarı zere formalın düyarlık dururu. Uyarlar / Ohemsiru delih işa göns: a in raşı obahicegin gistermişi, inka sonçarı statisticel darak anılmı değilir. Arakı: Intonio buğu ve belimlerin koşin delirilerini olmas durumunda dehi uy tıması et eraşıbik girtişminete tutunumalıtır. Varıko: verierin ve yüzeyet irombolfebin vınıctı tomosındu tirası durumunda dehi uy tıması et eraşıbik girtişminete butunumalıtır. Varıko: verierin ve yüzeyet irombolfebin vınıctı tomosınında tirası durumunda teri buşatlayı az a kaybıkı başı başatlayı az a vahiler kaybı hastalayı az in teriformi ma burumunda terihir ya kaybışı başı başatlayı az a vahiler kaybı hastalayı az in teriformi ma burumunda terihir kaybışı kaybış kaybışı başatlayı az a vahileri kaybışatlaşı deline kaybışı taraşı değindelih tuşış sinderi. Turuşa kaybışı az a vahileri kaybışatlaşı darık taraşı terihirdiri. Buruşa kaybışı kaybış kaybış kaybışı kaybışı kaybışı kaybışı kaybışı kaybışı kaybışı kaybışı kaybışı kaybışı kaybışı kaybışı taraşı deline kaybışı kaybışı kaybışı kaybışı kaybışı az a vahileri kaybışatlaşı kaybışı kaybışı kaybışı kaybışı kaybışı kaybışı kaybışı kaybışı kaybışı kaybışı kaybışışı kaybışışı kaybışışı kaybışışı kaybış kaybışışı kaybışışı k

*Organik patoloji saptanmayan vakalarda

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Aims and Scope

Journal of the Turkish-German Gynecological Association is the official, open access publication of the Turkish-German Gynecological Education and Research Foundation and Turkish-German Gynecological Association and is published quarterly on March, June, September and December. It is an independent peer-reviewed international journal printed in English language. Manuscripts are reviewed in accordance with "double-blind peer review" process for both reviewers and authors.

The target audience of Journal of the Turkish-German Gynecological Association includes gynecologists and primary care physicians interested in gynecology practice. It publishes original works on all aspects of obstertrics and gynecology. The aim of Journal of the Turkish-German Gynecological Association is to publish high quality original research articles. In addition to research articles, reviews, editorials, letters to the editor, diagnostic puzzle are also published. Suggestions for new books are also welcomed. Journal of the Turkish-German Gynecological Association does not charge any fee for article submission or processing.

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The journal is printed on acid-free paper.



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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;

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3 Ovül

300 mg/200 mg/100 mg Tinidazol 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.*

And the second s 3 Ovül **O** 300 mg/200 mg/100 mg **Spilim** Tinidazol/Tiokonazol/Lidokain



Trivaq Kısa Ürün Bilgisi

• Trivag Kisa Ürün Bilgisi ÜRÜN ADI: TRİVAĞ 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. TRİVAĞ sırtlistü yatar pozisyonda, paketin içindeki parmaklıkların yardımı ile vajen derinliğine uygulanmalıdır. ISTEMMEYEN ETKLER: Güçsüzlük, bitkinlik, halsizlik, baş ağnıs, baş dönmesi, ağızda metalik/aci tat, indie bulantus, anoreksi, iştahıszlık, mildede gaz toplanması, dispeşeşi, abdomiani kıranıp, epigatikir tanatızlık, kusma, konstipasyon, idar renginde koyulasma. GEBELİK VE LAKTASYON: Geblik kategorini, edevil anne süünge eçetiğinden enzirme döneminde tedavi sırasında bebek sütten kesilimeldir, tedavi bittikten 72 saat sonra emzirmeye devam edilinendir. DİĞER TIBBİ ÜPÜNLERLE ETKİLEŞİM ŞEKİLLERİ: Bilikite kullanıldığında tinidazolia nemilmesine bağlı olarak etkileşim görülebilir; sasenokumarol, anlsindion, dinumarol, fenindion, fenprokumon, varfarin, kolestiramin, simetidin, siklosporin, disülfaran, fluoroursali, fosfenitolin, ketokonazol, lityum, fenobarbital, fenitolin ve parbituratar. KONTRENDİKASYONLARİ: Bileşimindeki etkin maddelere veya bunların türevlerine karşı aşın düyarlığı bulunanılarda, gebeliğin ik üç ayında, emzirme döneminde, organik nörolojik bozukluğu bulunanıladır. Gerci Bikkopeni ve nötkopen güvenliliği sorumlusuna bildirebilirsiniz





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