

BÖLÜM 7



Gebelikte Tromboembolik Hastalıklar

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Giriş

Venöz tromboemboli (VTE) 1/1600 sıklıkta görülmekte olup gebelik ve lohusalık dönemi VTE riskini artıran iyi bilinen risk faktörlerindedir. VTE' nin gebelikteki insidansı genel popülasyondan düşük olsa da gebe olmayan kadınlarla karşılaştırıldığında risk 4-50 kat artar. Derin ven trombozu (DVT) ise pulmoner emboliden (PE) 3 kat daha fazla sıklıkta görülür. Gebeliğe bağlı fizyolojik değişikliklerle örtüşme nedeniyle gebelik sırasındaki tanı zor olabilir (1).

Venöz tromboembolizm gebelik boyunca izole alt ekstremitte derin ven trombozu olarak seyredebileceği gibi alt ekstremiteden ayrılan pıhtının akciğere ulaşması sonucunda PE ile de sonuçlanabilir (2). PE maternal mortalitenin %9'undan sorumlu olup gelişmiş ülkelerdeki anne ölümlerinde 7. sıradadır (3). Siyah kadınlardaki gebelikle ilişkili mortalite oranı beyaz kadınlarla kıyaslandığında 3-4 kat daha fazladır (4). Son üç dekat boyunca VTE insidansında postpartum insidansdaki azalmaya bağlı olarak düşme gözlenmektedir. Bu düşüş tam açıklanamamakla birlikte postpartum dönemdeki tromboprolaksi kullanımındaki artış ile ilişkilendirilmiştir.

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vasküler yatak önemli ölçüde tehlikede (örneğin, masif PE, pulmoner hipertansiyon) ve hastanın başka ek bir vasküler hasarı tolere etmesi mümkün değil ise gebelik sırasında alt vena kava filtreleri kullanılabilir (41).

Trombolizis, Trombektomi

Trombolitik ajanlar gebelikte kullanılabilir ancak maternal kanama riskini artırır. Bu yüzden, trombolitik tedavi gebelikte akut PE gibi hayatı tehdit eden durumlarla sınırlandırılmalıdır. Trombektomi ise diğer tedaviler başarısız olduğunda değerlendirilmesi gereken bir yöntemdir.

Sonuç

Gebelik ve lohusalık döneminde VTE şüphesi olduğunda görüntüleme yöntemleri etkin ve hızlı bir şekilde kullanılarak tedavi en kısa sürede planlanmalıdır. Görüntüleme yöntemlerinin öncelik sırası ve tedavi planında kişisel farklılıklar göz önünde bulundurulmalıdır.

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