

# BÖLÜM 10

## Gebelikte Renal Hastalıklar



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### Giriş

Gebelik, fetal gereksinimlerin karşılanabilmesi amacıyla neredeyse tüm organ sistemlerinde meydana gelen belirgin değişiklikler ile karakterizedir. Gebeliğe bağlı olarak üriner sistemde yapısal ve fonksiyonel değişiklikler meydana gelir ve bu fizyolojik değişikliklerin iyi bilinmesi üriner sistem patolojilerinin tanısı ve yönetimi açısından önemlidir.

Üriner sistem hastalıkları gebelik döneminde yaygın olarak gözlenir de bu hastalıklara sahip olan gebelerin uygun tedavisi ile uzun dönem komplikasyon riskinde artış beklenmemektedir.

### Gebeliğin İndüklediği Üriner Sistem Değişiklikleri

Gebeliğe bağlı olarak üriner sistemde yapısal ve fonksiyonel değişiklikler meydana gelir.

### Yapısal Değişiklikler

Her iki böbrek uzunluğu 1 ila 1,5 cm artar (1). Renal vasküler ve interstiyel volüm artışı nedeniyle böbrek volümü %30 artar (2). Gebelerin %80'inde sağ tarafta daha belirgin olan üreter ve renal pelvis dilatasyonu izlenir. Gebeliğin 14. hafta-

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## Yönetim

Renal transplantasyonlu kadınlara canlı donör naklinden en az 1 yıl ve ölü donör naklinden en az 2 yıl sonra gebe kalmaları tavsiye edilir. Olumlu sonuçlarla ilişkili faktörler arasında serum kreatinin seviyesinin  $<1.5$  mg/dL olması, kan basıncı kontrolünün sağlanması, proteinüri  $<500$  mg/gün olması ve yakın zamanda geçirmiş akut greft rejeksiyon atağı olmaması bulunur.

Siklosporin ve takrolimus gebelik döneminde en yaygın kullanılan immüno-supresan ajanlardır ve kabul edilebilir güvenlik profiline sahiptirler. Toksikite potansiyeli nedeniyle ilaç düzeyleri ve böbrek fonksiyonu yakın takip edilmelidir. Mikofenolat mofetil veya sirolimus gebelikte tercih edilmemelidir. Gebelik öncesi dönemde kullanılmaları durumunda tedavi değiştirilmeli ve takrolimus veya siklosporine geçilmelidir.

Doğum şekli obstetrik endikasyonlara göre belirlenir. Sezaryen ile doğum endike ise profilaktik antibiyotik önerilmektedir. Bu hasta grubunda yara yerinin dikkatlice kapatılması ve uygun bakımının yapılması önemlidir.

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