

BÖLÜM 17

Gebelikte Karaciğer, Safra ve Pankreas Hastalıkları



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Giriş

Gebelik sırasında karaciğer hastalıkları hem anne hem de fetüsün yaşamını etkileyebilecek benzersiz klinik sorunlar oluşturabilir. Şiddetli karaciğer hastalıkları nadir olmasına rağmen, gebelikle ilişkili karaciğer hastalıkları gebeliklerin yaklaşık %3'ünü etkiler ve ölümcül olabilir. Uygun yönetim stratejileri oluşturmak için zamanında tanı çok önemlidir. Bu zorlu vakaların yönetiminde en iyi yaklaşım şekli konsültan hepatologlar ile birlikte obstetrisyenlerin ve çoğu zaman da yüksek riskli gebelik uzmanlarının birlikte oluşturdukları multidisipliner yaklaşımıdır.

Gebelikte karaciğer hastalıkları sıkılıkla 2 temel alt başlıkta incelenir: (1) gebelikle ilişkili karaciğer hastalıkları, (2) gebelikle eş zamanlı olarak saptanan karaciğer hastalıkları. Gebeliğe özgü karaciğer hastalıkları gebelik zamanına ilişkin özellikler sergilerken, gebelikle ilişkisiz karaciğer hastalıkları her an ortaya çıkabilir. Klinik bulguların ve anormal karaciğer testlerinin ortaya çıkış zamanı tanının belirlenmesinde ve tedavi stratejilerinde önemlidir. Örneğin hiperemesis gravidarum (HG) erken gebeliğe özgü iken gebeliğin intrahepatik kolesterolü (GIK), karaciğeri etkileyen preeklampsi ve gebeliğin akut yağlı karaciğeri (AYK) geç gebelikte ortaya çıkan hastalıklarıdır (1-3).

Gebelikle ilişkili karaciğer hastalıklarına bağlı maternal mortalite oranı literatürde %0-25 arasında raporlanmıştır. Maternal prognozun belirlenmesinde ana

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Komplike olmayan pankreatitte maternal mortalite düşüktür, ancak komplike pankreatitte %10'u geçer (58). Fetal sonuçlar genellikle hafif ila orta dereceli pankreatit için iyidir ancak şiddetli pankreatitte kötü olabilir. Bununla birlikte orta derecede şiddetli pankreatit bazen ilk trimesterde fetal ölüm ile ilişkilidir ve üçüncü trimesterde erken doğum ile ilişkilidir (66). Şiddetli pankreatitte TPN içeriği gebe hastanın ekstra beslenme gereksinimlerini karşılaşacak şekilde olmalıdır (67).

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