BÖLÜM 19

Gebelikte Nörolojik Hastalıklar

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Giriş

Gebelikte nörolojik hastalıklar oldukça sık olarak görülmekle birlikte, az sayıda hastalığın gebelikle birlikte sıklığı artar ve seyri kötüleşir. Hamilelikte en sık karşılaşılan hastalıklar hamilelik öncesi ile aynıdır. Buna rağmen gebelik, nörolojik hastalıkların yönetimi üzerinde zaman zaman zorlayıcı olabilmektedir. Bu bölüm gebelikte sık olarak karşılaşılan nörolojik hastalıklara bir bakış açısı sunacaktır.

Baş Ağrısı

Baş ağrısı, kadınlarda erkeklere göre çok daha sık gözükür ve sıklığı üreme çağında artar. Tüm toplumda oldukça yaygın olan bu hastalıkta önemli olan baş ağrısının tipini belirlemektir. Uluslararası Başağrısı Derneği (International Headache Society-IHS) tarafından yayımlanan sınıflandırma ile baş ağrıları primer ve sekonder baş ağrıları olmak üzere iki ana gruba ayrılmıştır (1). Bu sınıflandırmaya göre primer baş ağrıları gerilim tipi baş ağrısı, migren (auralı veya aurasız) ve küme tipi baş ağrısı gibi başlıklardan oluşan ve altta yatan organik nedenlerin dışlanabildiği ağrılardır. Gebelikte daha sık olarak karşılaşılan primer baş ağrıları olsa da sekonder baş ağrılarının ayrımını yapabilmek hayati önem taşımaktadır. Sekonder baş ağrıları nedenleri arasında kortikal venöz tromboz, subaraknoid kanama, travmaya bağlı baş ağrıları, kafa içi yer kaplayan lezyonlar,

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görülür. Klinik bulguları arasında ani baş ağrısı ile birlikte fokal nörolojik belirtiler vardır. Genel olarak gebe kadınlarda rüptüre intrakraniyal anevrizmalar gebe olmayan hastalarda olduğu gibi tedavi edilir. Endovasküler koiling tercih edilen cerrahi yöntemdir (80). Stabil, rüptüre olmamış asemptomatik anevrizmalar genellikle gebelik sırasında müdahale olmaksızın gözlemlenebilirken semptomatik veya genişleyen rüptüre olmamış anevrizmalar tedavi edilebilir.

Arteriovenöz malformasyonlar (AVM) dilate arter ve venlerin fokal konglomerizasyonu ile oluşmuş konjenital anomalidir. Önceden asemptomatik AVM'si olan kadınlarda gebelik sırasında kanama oluşma riski yaklaşık %3,5'tir (81). Gebelik yaşı arttıkça kanama riski artsa da, gebeliğin kendisi AVM'den kaynaklanan kanama riskini arttırmamaktadır. Bu nedenle stabil hastalıklarda tedavi doğum sonrasına ertelenebilir.

İntrakranial anevrizma ve arteriovenöz malformasyon varlığında doğum yöntemleriyle ilgili olarak, her kan basıncında yükselmeye ve olası kanamalara yol açabilecek yorucu ve ağrılı bir doğumdan kaçınmaya çalışmak mantıklıdır. Bu nedenle, doğum şekli olarak elektif sezaryen seçilebilir. Eğer vaginal doğum düşünülüyorsa epidural anestezi ile doğum tercih edilmelidir.

Rekürrens

Genel olarak sonraki gebelikte rekürrens riski düşüktür (82). Yine de tedavi edilebilir risk faktörlerinin (gelecekteki gebelik dahil) değerlendirilmesi ihtiyatlı görünmektedir. Sonraki gebelikte ve postpartum dönemde hem iskemik hem hemorajik iskemide profilaktik amaçlı tromboprofilaksi kullanılması önerilmektedir (83).

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