

## Bölüm 120

# GEBELİK VE SİSTEMİK ARTERYAL HİPERTANSİYON

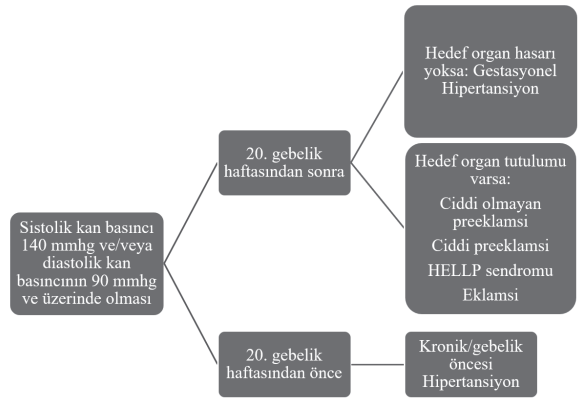
**Aslı VURAL<sup>1</sup>**  
**Bektaş MURAT<sup>2</sup>**

Hipertansiyon gebelikte en sık görülen medikal problemlerdendir. Tüm dünyada gebelerin yaklaşık %10'unda hipertansif hastalıklar görülür<sup>1,2</sup>. Gebelikte görülen hipertansif hastalıklar maternal, fetal ve yenidoğan mortalitesini ve morbiditesini artıran önemli bir sebeptir. Ablasyo plasenta, stroke, çoklu organ yetmezliği ve yaygın intravasküler koagülasyon bozukluğu gibi maternal riskler içerir. Bunların yanı sıra gebelik sonrasında da hipertansiyon, tip 2 diabetes, obezite gibi kardiyovasküler risk faktörleri, kronik böbrek hastalığı, prematüre kardiyovasküler hastalıklar ve kardiyovasküler nedenli mortalite riskini artırır<sup>3-6</sup>. Fetal riskler ise, intrauterin büyüme geriliği (preeklamside %25), prematurite (preeklamside %27), intrauterine ölümdür (%4 preeklamside)<sup>7</sup>.

### TANIM

Gebelikte hipertansiyon en az 4 saat aryla iki kez ölçülen, sistolik kan basıncının 140 mmhg, diastolik kan basıncının 90 mmhg ve üzerinde olması olarak tanımlanır<sup>8</sup>. Kesin tanıda ambulatuar kan basıncı monitorizasyonu, office kan basıncı ölçümü veya evde kan basıncı takibine göre tercih edilen yöntemdir. Hipertansiyonun gebeliğe etkilerini tahmin etmeye ve beyaz önlük hipertansiyonu nedeniyle başlanabilecek gereksiz ilaç tedavisini önlemeye yardım eder. Klasik hipertansiyondan farklı olarak, kan basıncının 140-159/90-109 mmhg arasında ölçülmesi hafif, 160/110 mmhg olması ciddi hipertansiyon olarak

sınıflandırılır. Kan basıncının 160/110 mmhg ve üzerinde olması artmış maternal stroke riski ile ilişkili olduğundan ciddi hipertansiyon tanımında bu değerler belirlenmiştir<sup>9</sup>.



### Sınıflandırılması

Amerikan Obstetrik ve Jinekoloji Koleji'ne (ACOG) göre gebelikte görülen hipertansif hastalıklar dört grupta sınıflandırılır:

- Kronik Hipertansiyon: Amerika Birleşik Devletlerinde prevalansı %3-5'dir. Obezite sıklığında artış ve çocuk doğurma yaşındaki gecikme ile prevalansı giderek artmaktadır<sup>10</sup>. Gebelikten önce yada gebeliğin 20. haftasından önce başlayan yada postpartum 42. günden sonra da devam eden kan basıncı yüksekliğidir. Kronik hipertansiyonu olan gebelerin yaklaşık %25'inde preeklamsi gelişir<sup>11</sup>. Sağlıklı gebelerle kar-

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Pulmoner ödem veya akut böbrek yetmezliği gibi uç organ hasarıyla birlikte ciddi hipertansiyonu olan hastalar da “acil” olarak kan basıncının hızlı bir şekilde düşürülmesi öneriliyor<sup>36</sup>.

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