

Bölüm 37

GEBELİKTE GASTROİNTESTİNAL SİSTEM HASTALIKLARI

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GİRİŞ

Gebelikte diğer sistemlerde olduğu gibi gastroin-
testinal sistemde de fizyolojik değişiklikler olmak-
tadır. Bu değişikliklere bağlı olarak gastroözofage-
al reflü gibi rahatsızlıklar artmakta, appendisit gibi
acil cerrahi gereken durumların tanısını koymak
zorlaşmaktadır. Bu bölümde gebelik ile birlikte
görülebilir sistemik hastalıklara ait güncel bilgi-
ler tartışılacaktır.

GEBELİĞİN BULANTI VE KUSMASI

Gebelikte bulantı ve kusma sık olarak görül-
mektedir. Çoğu gebede bulantı ve kusma hafif
düzeyde olmasına rağmen persiste eden veya şik-
ayetlerin yoğun olduğu olgularda yaşam kalite-
sini olumsuz etkilemektedir.¹ Semptomlar şiddetli
olduğunda gebenin günlük aktivitelerini, çalışma
performansını olumsuz etkilemekte, anksiyeteye
neden olmakta, nadiren gebeliğin sonlandırılma-
sına sebep ve sonrasında yeniden gebelik plan-
lanmasına engel olmaktadır.²⁻⁴ Şikayetlerin yoğun
olduğu, gebelik öncesi vücut ağırlığının % 5'inden
fazla kilo kaybı olan gebelerde bulantı ve kusma
tablosu hiperemesis gravidarum olarak adlan-
dırılmaktadır.⁵ Gebelikte hafiften şiddetliye ka-
dar değişen derecede bulantı ve kusma gebelerin
%90'ında görülmektedir. Şiddetli bulantı kusma
ile seyreden hiperemesisin insidansı %0.3-3 ola-
rak bildirilmektedir.⁶⁻¹¹

Patogenezinde gebelikte artmış östrojen,
progesteron ve hCG; anormal gastrik motilite ve
midede H.pylori varlığı ile genetik faktörler so-
rumlu tutulmaktadır.¹²⁻¹⁶ Gebeliğin bulantı ve
kusması multifaktöriyel nedenlidir. Genç ve pri-
migravidlerde daha sık görülmektedir.¹⁷ Gebelik
öncesi dönemde östrojen içerikli ilaç kullanırken
bulantı-kusma gelişenler, araç tutması ve migren
atakları yaşayan kadınlar gebeliğin bulantı ve kus-
ması açısından risk altındadır.¹⁸ Tat alma duygusu
hassas olanlar, çoğul gebeliği olanlar, önceki ge-
beliğinde bulantı-kusma yaşayanlar, molar hida-
tiform gebeliği olanlar, gebelik öncesi dönemde
veya perikonsiyonel dönemde multivitamin kul-
lanmayanlar ile gastroözofageal reflü gibi rahatsız-
lığı olanlar risk grubundadır.¹⁸⁻²⁵ Gebelikte sigara
kullanımı muhtemelen nikotin ve östrojen hor-
mon düzeylerinin azalmasına bağlı olarak bulantı
ve kusmayı azaltır.²⁶⁻³¹

Bulantı ve kusma şikayetleri genelde gebeliğin
5-6. haftalarında ortaya çıkar, 9. haftada pik yapar
ve 16-20. haftalarda düzelir. Ancak %15-20 olguda
gebeliğin üçüncü trimesterine kadar, %5 olguda
ise doğuma kadar devam etmektedir.^{18,32-34} Gebe-
liğin ikinci yarısında ortaya çıkan ve postpartum
birkaç güne kadar persiste eden olgularda diğer
etiyojiler düşünülmelidir.³⁵

Amerikan kadın doğum cemiyeti (ACOG) B6
vitamini (pidoksin) ve doksilamini ilk seçenek
farmakoterapi olarak önermektedir.³⁶⁻³⁸

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