

Bölüm 44

GEBELİK VE NÖROLOJİK HASTALIKLAR

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GİRİŞ

Gebelikte nörolojik hastalıklar oldukça yaygın görülen hastalıklar olup, doğru tanı ile maternal ve fetal morbidite ve mortalite önlenemekte veya oluşabilecek risk oranı azaltılabilmektedir. Birçok kronik hastalıklarda olduğu gibi nörolojik hastalıklarda da prekonsepsiyonel danışmanlık oldukça hayati önem taşımaktadır. Ayrıca bazı hastaların da gebelik esnasında ilk tanıyı aldığını da unutmamak ve gebelikle ilişkilendirilemeyen veya inatçı semptomları olan hastaların nörolojik hastalıklar yönüyle değerlendirilmesi önem arz etmektedir.

EPİLEPSİ

Epileptik bozukluklar, doğurganlık çağıdaki kadınları etkileyen en yaygın hastalıklardan biridir (1, 2). Bu sebeple gebelikle birlikte görülebilen en sık nörolojik hastalıktır (3). Epilepsi mevcudiyeti, tedavisi ve fetal ve maternal etkilerinin kadın doğum hekimleri tarafından bilinmesi elzemdir. Ayrıca anti epileptik ilaçların (AEİ) bir kısmı psikiyatrik hastalıklar ve ağrı tedavisinde de sıklıkla kullanılmakta ve hastaların önemli bir kısmı doğurganlık çağındaki kadınlardır.

Epilepsi tanısı bir nörolog tarafından konulmalıdır. Bilinçsiz iki nöbet geçirme, manyetik rezonans görüntüleme (MRG) veya elektroensefalogram (EEG) bulguları olan veya ailesel epilepsi öyküsü olan bir nöbet geçirmiş hastalara epilepsi tanısı konulur (4). Epilepsi sendromları genel ola-

rak yaygın ve fokal epilepsi olmak üzere ikiye ayrılır. Bu iki epilepsi çeşidi hastanın nöbetinin klinik özellikleri, görüntüleme ve EEG ile konulur. Her iki epilepsi çeşidinde gözlenen nöbetler geniş spektrumlu dur. Konvulsiyonlar veya tonik-klonik nöbetler yaygın olarak generalize nöbetler olarak tanımlanır ve yaygın ve fokal epilepsi sendromlarında gözlebilirler (4).

Fokal epilepsiler, erişkinlerde en sık görülen epilepsi tipidir (5). Etyolojileri çoğu olguda bilinmemekle beraber vasküler malformasyonlar, tümör, enfeksiyöz ve otoimmün hastalıklar en sık gözlenen etyolojik sebepler olup öncelikle altta yatan sebebin tanınması ve ortadan kaldırılması gerekmektedir.

Kadın doğum hekimi ve nöroloji uzmanının bulunduğu multidisipliner yaklaşım ile epilepsili gebelerin takibi ve tedavisi başarı ile sürdürülebilir.

Çeşitli popülasyon çalışmalarında epilepsi tanısı olan erkek ve kadınlarda doğum oranının düşük olduğu bulunmuştur (6, 7). Skuraman ve arkadaşlarının yaptığı prospektif bir çalışmada, infertilite oranı % 38,4 olarak bulunmuştur (8). İnfertil grupta en önemli risk faktörü birden fazla AEİ kullanımudur (8). Epilepsi hastalığı ve kullanılan AEİ üreme fonksiyonu üzerine olumsuz etkileri olabilir. Ayrıca epilepsi hastalarında polikistik over sendromu, prematür ovaryan yetmezlik ve hipogonadotropik hipogonadizmin arttığını gösteren çalışmalar da bulunmaktadır (9, 10).

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