14.BÖLÜM

HİDROPS FETALİS

Özge AYDEMİR[8]

Giriş

"Hidrops fetalis" fetüsün yumuşak doku ve seröz boşluklarında anormal sıvı birikimi anlamına gelen Yunanca bir terimdir. İlk kez 1892 yılında Ballantyne tarafından tek bir hastalık değil, birçok farklı patolojik durum sonucu oluşabilen bir klinik tablo olarak tanımlanmıştır.(1) 1943 yılında da Potter hidrops fetalisi etiyolojiye bağlı olarak 2 farklı gruba ayırmıştır.(2) Eritrosit alloimmünizasyonuna bağlı hemolitik anemiye ikincil gelişen hidrops, immün hidrops fetalis olarak adlandırılır. İmmün hidrops fetalis en sık Rh (D) alloimmünizasyonuna daha nadir olarak da eritrosit subgrup (Kell vs.) uyuşmazlıklarına bağlı olarak gelişir. 1970'li yıllardan itibaren anti-D immünglobulini ile profilaksinin yaygın olarak kullanıma girmesi ile birlikte immün hidrops fetalis sıklığı giderek azalmıştır. Eritrosit alloimmünizasyonu dışındaki nedenlere bağlı olgular ise non-immün hidrops fetalis (NİHF) olarak tanımlanır. Günümüzde hidrops fetalis olgularının %90 kadarını NİHF oluşturur.(3)

Prevelansı 1700-3000 gebelikte bir olarak bildirilmiştir.(4-7) Sıklık toplumlar arasında, tanımlama ve değerlendirmedeki farklılıklara bağlı olarak değişkenlik gösterebilmektedir. Homozigot alfa talaseminin sıklığının yüksek olduğu Güneydoğu Asya'da, hidrops fetalis 500-1500 gebelikte bir görülmektedir. Parvovirüs B19 gibi bazı enfeksiyonların epidemisi sırasında hidrops fetalis sıklığında değişiklikler görülebilir. (8)

Tanı

Hidrops fetalis sıklıkla birinci veya ikinci trimester ultrasonografi takipleri sırasında rastlantısal olarak tanınır. Tanı için 4 sonografik bulgudan en az ikisinin bulunması gereklidir. Bu bulgular cilt ödemi, asit, plevral efüzyon ve perikardiyal efüzyondur.(7,9)

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lı doğumlarda %50'ye varmaktadır. Yapısal konjenital kalp hastalıkları başta olmak üzere konjenital anomalilerde prognoz kötüdür. Şilotoraks, fetal aritmiler ve Parvovirüs B19'a bağlı NİHF'de prognoz iyidir.[50] Gestasyonel yaş ve 5. dakika APGAR skorunun düşük, ilk günlerde solunum destek ihtiyacının fazla olması mortalite açısından bağımsız risk faktörleri olarak bildirilmiştir.[61] Nörogelişimsel gerilik en sık görülen morbiditedir ve hayatta kalan bebeklerin yaklaşık yarısında görülür. [62]

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