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TWİN REVERSED ARTERİAL PERFÜZYON (TRAP) SEKANSI

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GİRİŞ

Twin Reversed Arterial Perfüzyon (TRAP) sekansı, monokoryonik ikiz gebeliklerde görülen nadir bir komplikasyondur."TRAP sequence", TRAPS veya "acardiac twinning" olarak da adlandırılabilmektedir. TRAP sekansında, kalbi gelişmemiş veya hiç olmayan, yaşamla bağdaşmayan birçok anomaliye sahip bir fetus ile bu fetusu plasental yüzeydeki vasküler anastomozlar yoluyla besleyen pompa fetusun varlığı söz konusudur.Pompa ikiz anatomik olarak normal iken, müdahale edilmezse kalp yetmezliği ve erken doğum veya ölümle sonuçlanabilecek sık karşılaşılan diğer komplikasyonlar için risk altındadır. Deoksijenize kan ile beslenen akardiyak ikizin üst gövdesi ve başı sıklıkla kötü gelişmiştir veya bulunmayabilir. Akardiak ikizin durumu yaşamla bağdaşmaz ve bu ikiz %100 mortaliteye sahiptir.

TRAP sekansı monokoryonik çoğul gebeliklerde, tipik olarak ikizlerde görülür. Çok nadir olmasına rağmen, TRAP sekansı monokoryonik-triamniyotik üçüz gebelikte de görülebileceği gibi dikoryonik ikiz gebelikle birlikte bildirilen vakalar da mevcuttur (1, 2) .Üçüz gebeliklerde, birden fazla pompa fetusu veya birden fazla akardiyak fetus olabilir (3-10) .

TRAP sekansının monokoryonik ikiz gebeliklerin yaklaşık %1'nde ve 1/35.000 gebelikte gerçekleştiği bildirilmiştir (11) .

PATOGENEZ VE PATOFİZYOLOJİ

TRAP sekansının kesin patogenezi bilinmemektedir ve iki teori mevcuttur. Bir teoride, erken embriyogenezdeki anormal arteriyo-arteriyel anastomozlar, doğrudan plasental perfüzyonu olmayan bir akardiyak fetusa deoksijenize kan sağlar.

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İntrafetal lazer uygulaması ile RFA uygulamalarının karşılaştırıldığı çalışmalar ise 32. gebelik haftasından önce PPROM gelişme riskinin intrafetal lazer ile daha az görüldüğünü göstermiştir.

İntrafetal lazer ablasyonu, ve intrafetal RFA gibi minimal invaziv teknikler daha yaygın olarak kullanılsa da son zamanlarda mikrodalga ablasyon ve non invaziv bir seçenek olan HIFU da tedavide yerini almaya başladı.

TRAP sekansı ile komplike olan gebelikler için optimal doğum zamanını destekleyecek sağlam veri bulunmamasına rağmen, veriler başka bir şekilde komplike olmayan, tedavi gerektirmeyen gebeliklerin termde sonlandırmanın makul bir yaklaşım olduğunu göstermekte, erken doğum için standart obstetrik endikasyonların gelişimi gibi komplikasyonlar ortaya çıkması durumunda potansiyel olarak daha erken sonlandırılabilir.

Başarılı kord oklüzyon tedavisinin ardından, güven verici ultrason ve maternal sürveyans ile, termde doğum hedeftir. Sezaryen ile doğum standart obstetrik endikasyonlar için düşünülmelidir.

Anahtar Kelimeler: TRAP sekansı, akardiyak ikiz gebelik, RFA, bipolar kord koagülasyonu.

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