

Bölüm 56

TEKRARLAYAN GEBELİK KAYBI OLAN BİKORNUAT UTERUSLU GEBE: SERVİKAL SERKLAJ VE LİTERATÜR DERLEME

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GİRİŞ

Yirmi üç yaşında, G7A6 olan gebe vajinal lekelenme şikayeti ile başvurdu. Yapılan ultrasonda 8 hafta canlı tek gebelik ve bikornuat uterus bulgusu saptandı. Gebelik sol hemiuterusa yerleşmişti. Gebeliğin 17. haftasında servikal serklaj uygulandı. Gebelik 25 hafta 2 günlük iken preterm prematür membran rüptürü (PPROM) gelişti. Fetal distres ve transvers duruş endikasyonu ile sezaryen doğum gerçekleşti. Bebeğin yenidoğan yoğun bakım ünitesinde 11 haftadır yatışı devam etmektedir. Daha önce viabilite sınırına ulaşan gebeliği olmayan gebede, servikal serklajın gebelik süresini uzattığı ve gebeliğin viabilite sınırına ulaştığı görüldü. Burada tekrarlayan gebelik kaybı olan bikornuat uteruslu gebede servikal serklajın gebelik sonuçlarına etkisi literatür bilgileri kapsamında tartışılmıştır.

Konjenital uterus anomalileri (KUA), fetal yaşamda Müllerian kanallarının anormal formasyon, füzyon veya rezorpsiyonundan kaynaklanır (1). Kadın üreme sisteminin normal gelişimi, Müllerian sisteminin farklılaşması, migrasyonu, füzyonu ve ardından kanalize olması ile karakterize bir dizi karmaşık süreç içerir. (2). Uterin anomaliler bu süreçler kesintiye uğradığında ortaya çıkar.

Sistematik bir derlemede, KUA prevalansı genel popülasyonda %5.5, infertil kadınlarda %8, düşük öyküsü olan kadınlarda %12.3, düşük ve infertilitesi olan kadınlarda %24.5 olarak bulunmuştur (3).

Bikornuat uterus, Müllerian kanallarının unifikasyon defektidir ve Müllerian kanal anomalilerinin yaklaşık %26'sını kapsamaktadır (4). Bikornuat uteruslu kadınların gebe kalma kabiliyeti tipik olarak bozulmaz. Çoğu durumda bikornuat uterus, pelvik görüntüleme tesadüfen saptanır. En sık görülen semptomatik prezantasyonu erken gebelik kaybı ve servikal yetmezlik ile ilgilidir (5). Literatür-

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