BÖLÜM

4

ERKEN GEBELİK KAYBINDA TAHLİYE PROTOKOLLERİ

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Giriş

Spontan abortus, 20. gebelik haftasından önce meydana gelen gebelik kaybı olarak tanımlanır.

Erken gebelik kaybı ise embriyo içermeyen boş bir gebelik kesesi veya fetal kalp aktivitesi olmayan embriyo ya da fetüs içeren 12 haftadan önceki intrauterin gebelik olarak tanımlanır.

Tüm gebeliklerin %26'sının düşükle sonuçlandığı tahmin edilmektedir. Klinik olarak tanı konmuş erken gebelik kaybı sıklığı 20-30 yaş arası kadınlarda %9 ile %17 arasındadır. Bu oran 35 yaşında %20 'ye, 40 yaşında %40'a ve 45 yaşında %80'e kadar yükselir. Ayrıca erken gebelik kayıplarının %80'i ilk trimesterde ortaya çıkmaktadır. (1, 2)

Erken gebelik kaybı birçok farklı şekilde meydana gelebilir.

Düşük tehtidinde hastalar semptomatiktir, ancak serviks kapalı kalır ve embriyo veya fetüs canlı kalır.

Missed abortus (gecikmiş düşük)'ta gebelik ürünlerinin atılması için yeterli uterus kasılmaları olmaksızın embriyonun veya fetüsün asemptomatik veya "gözden kaçmış" ölümü söz konusudur.

Kaçınılmaz düşük gebelik ürünlerinin "kaçınılmaz" bir şekilde serviks açıklığından geçişini ifade eder.

İnkomplet düşükte, serviksten gebelik ürünlerinin «tamamlanmamış» bir biçimde atılması söz konusudur (3).

Erken gebelik kaybı için kabul edilen tedavi seçenekleri; bekleme yönetimi, tıbbi tedavi ve cerrahi tahliye olarak sıralanabilir (4).

Çalışmalar tüm tedavi seçeneklerinin hastaların çoğu tarafından makul bulunduğunu ve hastaların tedavi seçimi yapabildiklerinde memnun olduğunu göstermektedir (5).

Erken gebelik kaybında hasta ile birlikte ortak karar vermenin ve danışmanlığın hasta memnuniyetini önemli ölçüde artırdığını göstermektedir (6).

Bekleme yönetimi

Bekleme yönetimi, hastanın gebelik ürünlerinin kendiliğinden düşmesini beklediği anlamına gelir. Gebelik ürünleri makul bir süre içinde düşmezse; kanama, enfeksiyon veya farklı komplikasyonlar gelişirse hastalar medikal tedaviye ya da cerrahi tedaviye devam edebilirler (7).

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