Bölüm
7

2. VE 3. TRİMESTER KANAMALARI VE YÖNETİMİ

Sibel ÇETİNER

GİRİŞ

Gebeliğin 2. (14 -28 hafta) ve 3. (28-41 hafta) trimesterında ortaya çıkan kanamalar maternal veya fetal morbidite ve mortaliteye neden olabilen klinik durumlardır. Kanama nedeniyle başvuran hastalarda maternal ve fetal iyilik halinden sonra kanamaya eşlik eden semptomlar ve kanamanın şiddeti değerlendirilmelidir. Edinilen verilerle etyoloji saptanması önemlidir. Ancak yapılan tüm incelemelere karşın kanamanın etyolojisinin saptanamayabileceği unutulmamalıdır. Yazımızda 2. ve 3. trimesterda kanama nedeniyle başvuran gebelerde ayrıcı tanı ve tedavide uygulanacak yöntemler, 20. gebelik haftasından önce ve sonra görülen kanamalar şeklinde özetlenmeye çalışılacaktır.

20. GEBELİK HAFTASINDAN ÖNCE GÖRÜLEN KANAMALAR

20. gebelik haftasından önce görülen kanamaların değerlendirilmesinde öncelikle kanamanın miktarı ve kanamaya ağrının eşlik edip etmediğini belirlemek gerekmektedir. Ağrının eşlik etmediği az miktardaki kanamalar daha çok servikal yetmezlik, kısmi plasental ayrılma, servikal veya vajinal lezyonla uyumlu iken ağrının eşlik ettiği şiddetli kanamalar erken gebelik kayıpları ya da daha büyük plasental ayrılmalar ile uyumludur.

Hastanın yapılan fizik muayenesinde ağrı ve uterus boyutu değerlendirildikten sonra dış genital muayenenin ardından spekulum muayenesi yapılır. Spekulum muayenesi ile kanamanın miktarı ve servikal ektropion, servikal polip gibi gebelik ile ilişkisiz kanamalar değerlendirilebilir, ayrıca fetal membranların görülmesi ile servikal yetmezlik tanısı da konulabilir.

2. trimester kanamalarının değerlendirilmesinde ultrasonografinin yeri oldukça değerlidir. Özellikle dikkat edilmesi gerekenler plasentanın internal osa

da çok değerli bir bulgudur. Uterin rüptür obstetrik bir acildir ve çoğunlukla görüntülemeye başvurulmaz. Eğer anne ve fetüs stabil ise ultrasonografiden yararlanılabilir. Görüntülemede histeretomi skarında hematom, ekstrauterin sıvı görülebilen bulgulardır (126,127). Uterin rüptürün kesin tanısı laparatomi sırasında kanama ile birlikte uterusun tüm katlarının ayrıldığının görülmesi ile konulur.

Uterin Rüptür Yönetimi

Fetal kalp hızı anormallikleri, maternal hemodinamik instabilite ve şiddetli karın ağrısı bulguları etiyolojiden bağımsız olarak genellikle acil doğum gerektirir. Hemodinamisi stabil olmayan hastalar sıvı ve kan transfüzyonu ile stabilize edilmeli ve acil sezaryen ile doğum planlanmalıdır. Rejyonel veya genel anestezi seçimi hastanın klinik durumuna ve doğumun aciliyetine bağlı olsa da spinal veya epidural anestezide yeterli seviyeye ulaşmak için gereken süreden dolayı genel anestezi tercih edilir. Pfannenstiel insizyonla sadece alt segment ve pelvis eksplorasyonu sağlandığı için pfannenstiel insizyon yerine midline insizyon tercih edilir.

Uterus rüptüründe fetüs doğurtulduktan sonra cerrahın vermesi gereken en önemli karar histerektomi kararıdır. Hastanın yaşı, fertilite arzusu, uterustaki hasarın boyutu, kanama miktarı, hemodinaminin stabil olduğu durumlarda uterin onarım tercih edilebilir. Yeterli onarım ve hemostaz sağlanamazsa histerektomi yapılmalıdır. Uterin rüptür mesaneye kadar uzanmışsa veya üreter hasarından şüpheleniliyorsa üroloji bölümünden, herhangi bir batın içi organ yaralanması veya damar hasarı varlığında ise genel cerrahi ve vasküler cerrahi bölümünden intraoperatif konsültasyon istenmelidir.

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