

Bölüm 15

GEBELİKTE VULVOVAJİNAL KANAMALAR

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GİRİŞ

Gebelikte meydana gelen kanamalar detaylı incelenmeli, kanamanın nedeni ve aciliyeti belirlenmelidir. Gebelikteki vulvovajinal kanamalar genellikle obstetrik kaynaklı değildir ve diğer kanamalara göre daha nadir görülür. Servikal lezyonlarda olduğu gibi vulvovajinal lezyonlar inspeksiyonla ve spekulum muayenesinde görülebilir (1).

Klinisyen tipik olarak hastanın gebelik yaşına ve kanamasının karakterine (hafif veya ağır, ağrılı veya ağrısız, aralıklı veya sabit) bağlı geçici bir klinik tanı yapar. Daha sonra ilk tanıyı doğrulamak veya revize etmek için laboratuvar ve görüntüleme testleri kullanılabilir (2).

DEĞERLENDİRME

Obstetrik muayeneden sonra hasta litotomi pozisyonuna alınır. Dış genital organlar, kanamanın hacmini ve kaynağını değerlendirmek için incelenir ve daha sonra vajinaya bir spekulum yerleştirilir.

Bu durumlar görsel muayene ile belirlendiği gibi yardımcı testlerle teşhis edilir ve tanı desteklenir. (örn. Vajinal akıntı kültürü ve pH, servikal sitoloji ve / veya kitle lezyonlarının biyopsisi, uterusun ultrason muayenesi neoplastik lezyonları tespit etmek için) (3).

AYIRICI TANI

Erken gebelikte düşük tehdidi, düşük, ektopik gebelik, gebelik implantasyonu (fizyolojik), servikal yetmezlik, plasenta previa, abruptio plasenta ve nadiren uterus

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