

## Bölüm 21

# GEBELİKTE TÜKETİM KOAGÜLOPATİSİ

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### GİRİŞ

Tüketim koagülopatisi ya da dissemine intravasküler koagülasyon (DIC) patolojik bir şekilde hemostaz sisteminin dengesinin bozulmasıyla gerçekleşir. Kan koagülasyon sisteminin aktivasyonu sonucunda yaygın fibrin oluşumu mikrovasküler trombozlarla organ yetmezliklerine ve plazmin aktivasyonu ile da fibrinolizis ve kanamalara neden olur. Devam eden koagülasyon sonucunda trombositler ve pıhtılaşma faktörleri tükenmekte ve ağır kanamalar oluşmaktadır. Hemen daima altta yatan bir hastalığa bağlı olarak gelişmektedir. Bu durumun yönetimi altta yatan nedene yönelik olmakla beraber; gebelikte olaya yaklaşım hormonal değişiklikler ve fetüs nedeniyle çok daha karmaşık olabilmektedir.

### PATOFİZYOLOJİ

Normal gebelik protrombotik bir durumdur. Gebe olmayanlarla kıyaslandığında gebelerde bazı koagülasyon faktörlerinde (Faktör I, VII, VIII, IX) artma, endojen antikoagülanlarda azalma, fibrinolizisde azalma ve platelet reaktivitesinde artma görülmektedir (1-7). Gebelikte görülen bu fizyolojik protrombotik değişiklikler plasental ayrılma sırasında fazla miktarda kanamayı önlemeyi amaçlamaktadır. Kan damarları travmaya vazokonstriksiyon ve trombosit adhezyonu şeklinde cevap verir. Trombositlerin adhezyon hızı ve derecesi trombositlere, onların absorbe ettiği plazma proteinlerine ve hasarlı dokunun yüzeyine göre değişmektedir. Koagülasyon kaskadına göre pıhtılaşma; interensek, ekstrensek ve ortak yollar sonucunda protrombin, trombin, fibrinojen ve fibrin pıhtısı gelişimi şeklinde oluşur. Yara gelişimini takiben doku faktörü (TF) ve aktif faktör VII (faktör VIIa) pıhtı-

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**Anahtar Kelimeler:** gebelik, tüketim koagülopatisi

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