Bölüm
22

GEBELİKTE TROMBOFİLİLER

Miraç ÖZALP[1]

GİRİŞ

Birçok önemli düzenleyici protein, koagülasyonun çeşitli evrelerinde inhibitör olarak rol almaktadır ve bu proteinlerin kalıtsal ve edinsel defektleri genel olarak trombofililer olarak isimlendirilir. Bu durum hiperkoagülabiliteye ve tekrarlayan venöz tromboemboliye (VTE) neden olabilir. Bu bozukluklar beyaz Avrupalıların yaklaşık %15'inde görülür ve gebelik süresince oluşan tüm tromboembolik hastalıkların ise yaklaşık %50'sinden sorumludur(1) .

KALITSAL TROMBOFİLİLER

Kalıtsal trombofililer, tromboembolik hastalık riskini artıran genetik durumlardır. Gebelik sırasında bu kalıtsal bozuklukların trombojenik potansiyeli artmıştır çünkü bazı pıhtılaşma faktörlerindeki gebeliğe bağlı fizyolojik değişiklikler hiperkoagülabiliteye yatkınlık oluşturur (2-3).

Peki pıhtılaşma faktörlerinde gebelikte meydana gelen ve hiperkoagülabiliteye yatkınlık oluşturan durumlar nelerdir?

- Protein S aktivitesi, toplam ve serbest protein S antijenindeki azalma nedeniyle azalır.
- Protein C aktivitesi, muhtemelen protein S (protein C için bir kofaktördür) aktivitesinin ve faktör VIII aktivitesinin azalması nedeniyle azalır.
- Fibrinojen ve faktör II, VII, VIII ve X artışı,
- Trombin ile aktive olabilen fibrinolitik inhibitör(TAFI), plazminojen aktivatör inhibitör tip 1 (PAI-1) ve PAI-2 seviyelerinin ve aktivitesinin artması.

[1] Op.Dr. Miraç Özalp, Karadeniz Teknik Üniversitesi Tıp Fakültesi Kadın Hastalıkları ve Doğum Anabilim Dalı, Perinatoloji Bilim Dalı, ozalpmirac@gmail.com

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