BÖLÜM 17

PRETERM DOĞUMLARI ÖNLEMEDE SERVİKAL SERKLAJ

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1. TRANSVAJİNAL SERVİKAL SERKLAJ

1.1. Genel Bilgiler

Serklaj servikal yetmezlik durumunda uterin serviksin sütürler yardımıyla desteklenmesini sağlayan cerrahi bir işlemdir. Serklaj transvajinal, transabdominal ve laparoskopik yöntemle gerçekleştirilebilir. En çok transvajinal yöntem tercih edilir. Servikal yetmezlik ile bağlantılı olan preterm doğum, fetal membranların vajinaya prolapsusu, preterm erken membran rüptürü, intraamniyotik enfeksiyon ve fetal ölüm gibi olumsuz perinatal durumları azaltabilir.

Serklaj geçmişinde obstetrik öyküsü olan, transvajinal usg ile servikal kısalık, muayene ile servikal silinme ve açılma bulguları saptanan servikal yetmezlikli hastalara uygulanır. Yaşamla bağdaşmayan fetal anomali, rahim içi enfeksiyon, aktif erken doğum eylemi, preterm erken membran rüptürü, fetal ölüm, dekolman plasenta gibi durumlarda kontrendikedir. Plasenta previa serklaj yerleştirmek için mutlak kontrendikasyon değildir. Çoğul gebeliklerde de serklaj yerleştirilebilir.

Servikal dilatasyonun fazla olması, membranların prolabe olması durumunda olumsuz sonuç olasılığı artar. Serklaj yapılmaması gereken bir servikal dilatasyon yoktur ancak 4 cm üzerindeki dilatasyonlarda prognoz kötüleşir[1]. Eksternal servikal os boyunca membranların prolabe olması görece olarak kontrendikasyon oluşturur, çünkü bu durumda iatrojenik membran yaralanma riski artar[2]. Membranların vajinal flora ile karşılaşması enfeksiyon riskini arttırır. Buna rağmen servikal dilastayonu olan,servikal uzunluğu kaybolan, prolabe memranlara sahip hastalara uygulanan serklaj işlemi ile başarılı yenidoğan sonuçları elde edilmiştir[3].Rutin serklaj uygulaması gebeliği uzatmak için yararlı değildir.

1.2. Serklaj zamanlaması

Çoğu serklaj işlemi gebeliğin 12-24 haftaları arasında gerçekleştirilir. İşlemi gerçekleştirmek için gebelik yaşının alt ve üst sınırı konusunda kesin bir fikir birliği yoktur.12 haftadan küçük gebeliklerde anöploidi tarama sonuçları mevcut olmayabileceğinden 12 hafta öncesinde serklaj işlemi yapılmaz. Anöploidi taraması yapılmazsa birinci trimesterin sonuna kadar beklemek anöploidiye bağlı düşüklerin gerçekleşmesine olanak sağlar. Fetüs öploid olsa

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kini azaltır. Bununla birlikte sonuçlar işlem sırasındaki klinik duruma göre değişiklik göstermektedir.

Transabdominal ve laparoskopik servikoistmik serklaj

- Transabdominal yaklaşımın transvajinal yaklaşıma göre avantajları; sütür ayrılma riskinin az olması, vajinada enfeksiyon riskini arttıran sütür materyalinin bulunmaması ve gelecekteki gebelikler için sütürün yerinde bırakılabilmesidir.
- Transabdominal serklaj daha önceden en az 1 kez başarısız profilaktik transvajinal serklaj öyküsü olan veya transvajinal serklajın uygulanamadığı (aşırı kısa serviks, ampute serviks, servikal skar dokusu gibi durumlar) hastalarda uygulanır.
- Transabdominal serklaj açık ve laparoskopik olarak uygulanabilir. Düşük morbiditesi nedeniyle gerekli cerrahi deneyim mevcutsa laparoskopik yöntem tercih edilir.
- Prosedür prekonsepsiyonel dönemde veya gebeliğin geç 1. trimester + erken 2. trimester döneminde uygulanabilir.
- Doğum 36+0 ile 37+6 gebelik haftaları arasında veya düzenli uterus kasılmalarının hemen başlangıcında sezeryan ile yapılır. Bebek serklaj sütürünün üzerine yapılan bir histerotomi kesisi ile çıkartılır. Sütür daha sonra alınabilir veya hasta gelecekte gebelik planlıyorsa yerinde bırakılabilir.

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