

## Bölüm 4

### GEBELİKTE ASTIM VE TEDAVİSİ

İmren MUTLU HAYAT<sup>1</sup>

#### GİRİŞ

Astım doğrudan ya da dolaylı uyaranlara karşı gelişen hava yolu aşırı duyarlılığı ile ilişkili kronik hava yolu inflamasyonu ile karakterize heterojen bir hastalıktır (1). Hırıltı, nefes darlığı, göğüste sıkışma ve/veya öksürük gibi solunum semptomları ve ekspiratuar hava akımı kısıtlılığı ile birlikte tanımlanır (1) Astım ve gebelik arasındaki ilişki tek taraflı değildir. Çünkü sadece kontrolsüz astım anne ve bebekte morbiditeye neden olmaz, aynı zamanda gebelik de bronşial inflamasyonu arttırarak astım kontrolünü bozar, atakları sıklaştırır (2). Astımın semptomlarla birlikte hava akımı kısıtlılığı ve yoğunluğu da karakteristik olarak zaman içinde değişkenlik gösterir. Bu varyasyonlar genellikle alerji veya iritanlar, egzersiz, hava değişimi veya solunum infeksiyonları gibi çeşitli faktörlerle tetiklenir. Hastalık kişiye özgü değişken klinik tablolar ve dereceler gösterebilir.

Astımın demografik, klinik ve/veya patofizyolojik özelliklerine göre tanımlanan kümelerine “astım fenotipleri” denir (3,4). Astım ve özellikle alerjik astım giderek artan bir sıklıkta karşımıza çıkmaktadır (5). Astım, hamileliği zorlaştıran en yaygın solunum bozukluğudur. Tersine çevrilebilir bir hastalık olmasına rağmen astım, anne ve bebeği için potansiyel olarak yaşamı tehdit eder. Gebe kadınlarda astım prevalansının son yıllarda arttığı görülmektedir (6). Hamilelik sırasında astım alevlenmeleri ile ilgili çalışmaların gözden geçirilmesi, tıbbi müdahale gerektiren alevlenmelerin astımlı kadınların yaklaşık %20’sinde meydana geldiğini ve yaklaşık %6’sının hastaneye yatmayı gerektirdiğini göstermiştir (7).

<sup>1</sup> Uzm. Dr. SBÜ Akif İnan Araştırma Uygulama Hastanesi, Göğüs Hastalıkları Kliniği İmren 21@gmail.com, ORCID iD: 0009-0005-4772-2507

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