

Bölüm 4

GEBELİK DÖNEMİNDE ÜRİNER SİSTEM TAŞ HASTALIKLARI

Hasan TURGUT¹

TANIM:

Hamilelik döneminde görülen üriner sistem taş hastalığı gebelik dışında görülen ağrının ve hastaneye yatışın en yaygın nedenlerinden biridir. Gebelik döneminde görülen üriner sistem taş hastalığı insidansı gebelik dışında görülenden farklı olmayıp 1/200 ile 1/2000 arasında değişmektedir (1,2). Ürolitiazis ikinci ve üçüncü trimesterde ve multipar gebelerde daha sık görülür (3). Gebelik döneminde böbrekte bazı fizyolojik değişiklikler meydana gelir. Böbrek kan akımı artar ve glomerüler filtrasyon hızı %30-%50 arasında artış gösterir (4). Gebelikte artan okzalüri, natriüri, kalsiüri, ürikozüri taş oluşumunda predispozan faktörler olabilir (5,6). Uterus basısına bağlı oluşan obstrüksiyon, progesterona bağlı düz kas gevşemesi ve enfeksiyonların, taş oluşumuna etkili olabileceği bildirilmiştir (7).

Gebelik sırasında ürolitiazis kendini kolik tarzında ya da yeri tarif edilemeyen belirsiz bir ağrı, hematüri ve ateş ile gösterebilir. İlk tanı bu semptomlara dayanarak yapılabilir ancak %28 hasta yanlış tanı alabilmektedir. Bunların içinde apandisit, divertikülit ve plasente dekolmanı yer almaktadır (8).

GÖRÜNTÜLEME YÖNTEMLERİ:

Üriner sistem Ultrasonografi üriner sistem taş hastalığı şüphesi olan hamilelerde ilk görüntüleme yöntemidir (9,10). Ultrason kullanımının majör zorluklarından birisi her zaman taşın kendisinin görülmemesi ancak taşa bağlı oluşabilecek işaretlerin görülmesidir. Gebelik döneminde hamilelerin %90'ında fizyolojik hidronefroz rapor edilmiştir. Bu durumda da üreterde dilatasyon ve hidronefroz görülmektedir (11). Fizyolojik hidronefroz olan vakaların çoğunda dilatasyon iliak damarların seviyesine kadar uzanır. Yapılan bir çalışmada distal üreter taşı olan gebelerde dilatasyon iliak damarların distaline kadar uzandığı gözlenmiştir.

¹ Doç. Dr., Avrasya Üniversitesi Sağlık Bilimleri Fakültesi, Medikalpark Karadeniz Hastanesi, Üroloji, e-mail: drhasanturgut@hotmail.com, ORCID iD: 0000-0001-9793-6734

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