

## Bölüm 3

### GEBELİĞİN İNTRAHEPATİK KOLESTAZI

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Kolestaz ya da bozulmuş safra akımı herediter ve kazanılmış karaciğer hastalıklarının en sık bilinen ve harap edici olabilen bulgularındandır (1). Gebeliğin İntrahepatik Kolestazı da kolestazın geri dönüşümlü bir formu olup çoğunlukla geç gebelik döneminde ortaya çıkıp doğuma kadar devam etmektedir. Gebeliğin intrahepatik kolestazıyla ilgili ilk rapor 1883 yılında yayınlanmış olup olgu gebeliğin son trimesterinde ortaya çıkan kaşıntı ve sarılıkla karakterizeydi ve doğumla birlikte tüm bu semptomlar yok olmuştu. Hastalık 1950'lerin ortasına, İskandinav bilim adamlarınca klinik özellikleri belirtilene kadar isimsiz kaldı (2).

Gebeliğin intrahepatik kolestazında ailesel yatkınlığın olması ve endemik görülebilmesi büyük bir ihtimalle genetik bazlı olduğunu düşündürmektedir. Safra sekresyonunun son yıllarda moleküler diseksiyonunun mümkün olması, kolestatik karaciğer hastalığına yol açan çeşitli gen defektlerinin ortaya çıkmasına neden olmuştur. Bu genler günümüzde test edilerek kolestaza yatkınlık araştırılabilmektedir ancak çalışmalar henüz deneme aşamasındadır.

Düşük riskli popülasyonda prevalans 1000 gebelikte 1-2 gibi iken yüksek riskli popülasyonda (İskandinav ülkeleri, Şili, Polonya, Avustralya, Bolivya) 10-20 kata kadar çıkabilmektedir (13). Gebelik Kolestazı insidansı Avrupada yaklaşık 10.000 gebelikte 10150 arasındadır (Tablo 1).

**Tablo 1.**

Ülke	Insidans	Zaman	Referans
Avustralya	80	1964-1966	(122)
	150	1968-1970	(123)
	20	1965-1984	(7)
Bolivia	920	1976	(124)
Beyaz	780		
Aimara	1380		
Kanada	10	1963-1976	(125)
Şili	1560	1974-1975	(37)

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Abortus ve malformasyon sıklığı gebeliğin intrahepatik kolestazında artmaz. Doğum ağırlıkları o gebelik haftası için normaldir. Emzirme kontrendike değildir.

Öykülerinde gebelik kolestazi olan hastalar karaciğer fonksiyon testleri normale döndükten sonra düşük doz oral kontraseptif kullanabilirler. Ayrıca eğer pruritus ve kolestaz tekrararlarsa ilacı kesmeleri yönünde eğitilmelidirler.

Hastalığa yaklaşımda henüz tam bir görüş birliğinin olmaması ve patogenezinin tam olarak aydınlatılamaması nedeniyle bu yönde çeşitli tanı ve takip yöntemleri geliştirilmeye çalışılmaktadır.

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