GEBELİK VE HEMATOLOJİK YÖNLERİ

Yazarlar
Orhan AYYILDIZ
Müjde ALTINAY BOZAN

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Yazarlar
Orhan AYYILDIZ
Müjde ALTINAY BOZAN

Yayın Koordinatörü
Yasin DİLMEN

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Tel: 0312 431 16 33
siparis@akademisyen.com

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ÖNSÖZ

Sevgili Hekimler, değerli Meslektaşlarım

Gebelik ve Hematolojik yönü kitabını hazırlamamıza bizi teşvik eden esas neden tıptaki hızlı gelişmelere paralel olarak gebelik döneminde hematolojik hastalıkları güncel bilgiler eşliğinde gözden geçirmektir. İkinci esas neden de herkesin bildiğini zannettiği ancak üzerinde konsensus tam olarak sağlanamamış bu özel alanda elimizden geldiğince sorunlu konular üzerinde daha fazla durarak onları klinik pratikte işinize yarayacak hale getirmektir. Takdir edersiniz ki Gebelik ve Hematolojik yönleri oldukça kapsamlı, geniş ve çoğu kez hastanın bireyselleştirilerek karar vermesi gereken alanlardır. Bu nedenle kitabı yazarken birden fazla gözün görmesini itedik. Bu nedenle Kitabın hematolojik yönden farklı bir gözle okunması için Dicle Üniversitesi Tıp Fakültesi Hematoloji bilim dalından Uz.Dr.Songül Beskisiz Dönen ve Uz.Dr.Esra Pirinççinin okumasından geçirdik. Kadın doğum uzmanlarının beklentileri ve yaklaşımlarını anlamak için de Dicle Üniversitesi Tıp Fakültesi Kadın Hastalıkları ve Doğum anabilim dalından Prof.Dr.Elif Ağaçayak'tan yardım istedik. Hepsine okuma ve katkıları için teşekkür ediyoruz. Elbette diğer bir önemli teşekkürü de kitabı beraber yazdığımız Uz.Dr.Müjde Altınay Bozan'a da kitaptan bahsederken tereddütsüz kabul ettiği ve zamanında hazırladığı için ediyorum.

Gebelikte Hematolojik benign hastalıklar yanında malign hastalıkları da yazdık. Tromboz, kanama ve kan transfüzyonları gibi pratik hayattta hem kadın doğumcuları hem de hematologları zorlayan tüm konuları da tanı ve tedavi yönleriyle yazmaya çalıştık.

Kitabın Türk tıp camiasına yararlı olması dileğiyle..

Eylül 2025

Prof. Dr. Orhan Ayyıldız

Dicle Üniversitesi Tıp Fakültesi İç hastalıkları ve Hematoloji BD

Öğretim üyesi / Diyarbakır

Uzm. Dr. Müjde Altınay Bozan

Dicle Üniversitesi Tıp Fakültesi İç hastalıkları ABD/ Diyarbakır

İÇİNDEKİLER

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Gebelik Kaybı

Gebeliğin sonlandığı belirlendikten sonra, aşırı kanamayı önlemek amacıyla kanama fenotipli disfibrinojenemi olgularında cerrahi müdahale önerilmektedir. Bu tür durumlarda, trombotik risk göz önünde bulundurularak 3 gün süreyle fibrinojen seviyesi ≥1,5 g/L hedeflenerek fibrinojen replasmanı ve TXA kullanımı tavsiye edilmektedir. Kanama öyküsü olmayan disfibrinojenemi olgularında ise spontan ekspulsiyon düşünülebilir

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