Bölüm 92

İNTRAUTERİN BÜYÜME KISITLILIĞI (IUGR)

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GİRİŞ

Fetal gelişim kısıtlılığı (FGK), ultrasonografi (USG) kontrolünde tespit edildiğinde, prenatal bakım; şüpheli tanının doğrulanmasını, FGK'nın nedenlerinin ve şiddetinin saptanmasını, anne ve baba adayına rehberlik edilmesini, fetal gelişimin yakın takibini, fetüsün iyi olduğunun bilinmesini ve doğum için optimal zamanın belirlenmesini içerir. FGK; anöploidi, konjenital malformasyonlar, herhangi bir müdahale ile sıklıkla iyileştirilemeyebilen ve dikkat edilmesi gereken enfeksiyonlar ve uteroplasental yetmezlikten kaynaklanır.

İLK YAKLAŞIM

Tanının Doğrulanması: *FGK'nın tanısı, belirlenen gestasyonel yaş için mevcut ve beklenen sonografik biyometrik ölçümler arasındaki uyuşmazlıklara dayalıdır. Bilindiği üzere; tekil büyüme eğrisindeki gestasyonel yaş için fetal ağırlığın 10. persantilin altında olması olarak tanımlanır ve bu, tanıyı SGA (small for gestational age) olma hali olarak kanıtlar. Pratikte; bir fetüsün gebelik yaşına göre ağırlığı veya abdomen çevresi (AC) ölçümü mevcut gebelik haftası için 10. persantilin altında tespit edildiğinde, fetal büyüme ve fetal fizyoloji zaman içinde seri izleme alınır. Normal anatomi, normal gelişim eğrisi, umblikal arterin (UmbA) ve/veya orta serebral arterin (MCA) normal doppler akımı ve normal amniyotik sıvı hacmi, yapısal olarak küçük bir fetüsü ortaya çıkartabilir veya uteroplasental yetmezlikten veya fetal gelişimi azaltan diğer patolojik faktörlerden minimal etkilenen bir fetüs hali de olabilir. Olumlu bir sonucu tahmin etmede normal büyüme eğrisinin önemi, fetal gelişim kısıtlılığından şüphelenilen 216 fetüsü içeren bir çalışma ile desteklenmiştir; tahmini fetal ağırlığı (EFW) 10. persantilin üstünde olan fetüslerin büyüme eğrisine paralel büyüme eğrileri normal sonuçlara sahipti (1). 10. persantilin altı ağırlığın tanımı klinik olarak pratiktir ancak, bu tanım, tek başına, normal gelişim potansiyeline ulaşmayı başaran yapısal olarak küçük olan fetüs (SGA) ile gelişme potansiyeli kısıtlanmış ve perinatal morbidite ve mortalite açısından artmış riske sahip benzer fetüsteki (FGK) olumsuz sonucun artmış riskini tek başına birbirinden ayırmaz. Bu tanım, ayrıca, SGA olmayan ancak intrensek veya çevresel kısıtlamalar nedeni ile normal büyüme potansiyeline ulaşamamış fetüsün nedenini de açıklamaz. Klinisyen için ilk sorgulanması gereken durum; patolojik gelişim geriliği olan fetüs (FGK) ile yapısal gelişim geriliği olan fetüsü (SGA) birbirinden ayırmaktır. Doğal olarak; FGK*

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sı endikedir. Betametazonun zamanlanması; FGK'nın şiddeti, doppler bulguları, komorbid durumlar ve fetal durumdaki bozulma oranı gibi birçok faktöre göre tahmin edilir.

Doğum Zamanı: *Gebelik yaşı, umblikal arter doppleri, FBP skoru, duktus venosus doppleri ve uteroplasental yetmezlik açısından belirtilerin, risk faktörlerinin varlığı veya yokluğu gibi faktörlerin kombinasyonuna dayalı olarak büyümesi kısıtlanmış fetüsün doğumu zamanlanır. Amaç; fetal veya neonatal mortalite ve kısa, uzun vadeli morbidite risklerini en aza indirirken, fetal olgunluğu ve büyümeyi mümkün olan en fazla hale getirmektir. Doğumun zamanlanması üst bölümlerde detaylı olarak anlatılmıştır.*

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