

# HİPERTANSİF HASTALIKLAR

## 22. BÖLÜM

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### GİRİŞ

Hipertansif hastalıklar, tüm gebeliklerin %5-10'unu komplike eder. Dünya Sağlık Örgütü, dünya genelinde maternal mortaliteyi gözden geçirmiş ve gelişmiş ülkelerde maternal ölümlerin %16'sının hipertansif hastalıklara bağlı olduğunu belirlemiştir(1). Burada önemli olan hipertansiyona bağlı anne ölümlerinin yaklaşık yarısından fazlasının önlenabilir olduğudur (2).

### TANIMLAR

Temel olarak sınıflandırmada dört tip hipertansif hastalık tanımlanmıştır;

1. Gestasyonel Hipertansiyon
2. Preeklampsi ve Eklampsi Sendromu
3. Kronik Hipertansiyon
4. Süperempoze Preeklampsi

Uygun bir şekilde ölçülen kan basıncında sistolik 140mmHg veya diastolik 90mmHg'yi geçiyorsa hipertansiyon tanısı konulur. Ayrıca gebeliğin ilerleyen dönemlerinde özellikle ikinci trimesterden itibaren sistolde 30mmHg veya diastolde 15mmHg ani basınç artışı olabilir bu delta hipertansiyon olarak tanımlanır. Delta hipertansiyonu olan gebeler daha yakın takip edilmelidir, çünkü bu hastaların bazılarında kan basıncı

140/90mmHg altında olsa bile eklampsi nöbetleri gelişmektedir(3).

### Gestasyonel Hipertansiyon:

Gebeliğin ikinci yarısından sonra ilk kez ölçülen kan basıncının 140/90 mmHg veya daha fazla olduğu(140/90mmHg ile 160/110mmHg arasında olacak), fakat proteinürinin ve end organ disfonksiyonu bulgularının saptanmadığı hipertansif hastalık olarak tanımlanır. Bu hastaların yaklaşık yarısında proteinüri, trombositopeni, epigastrik ağrı veya baş ağrısı gibi preeklampsi sendromu bulguları gelişir. Hipertansiyon doğum sonrası 12 haftadan daha uzun sürerse, tanı, erken gebelikte meydana gelen ve kan basıncındaki fizyolojik azalmayla maskelenen kronik hipertansiyona "re-vize edilir".

### Preeklampsi ve Eklampsi Sendromu:

Preeklampsi, gebeliğin son yarısında veya postpartum yeni ortaya çıkan  $\geq 140/90$  mmHg üzeri hipertansiyon ve proteinüri veya proteinüri eşlik etmesin hipertansiyon ve end organ disfonksiyonu bulguları ile karakterize, multisistemik ilerleyen bir hastalıktır. Hastalığa plasantal ve maternalvaskülerdisfonksiyon neden olur ve doğumdan sonra daima düzelir. Bu gebelikler maternal ve fetalmortalite veya morbidite açısından yüksek risk altındadır.

seviyelere yükselirse tıbbi yardım almaları tavsiye edilmelidir.

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