GEBELİKTE RENAL HASTALIKLAR

25. BÖLÜM

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GEBELİKTE ÜRİNER SİSTEMDE MEYDANA GELEN DEĞİŞİKLİKLER

Gebelik süresince genel olarak tüm böbrek fizyolojisinde ve fonksiyonlarında değişiklikler oluşur. Böbrek boyutları ve ağırlığı, böbrek damar hacmi artışına ve böbrek interstisyel hacmi artışına bağlı olarak artar. Konsepsiyondan itibaren glomerüller büyümeye başlar. Böbrek uzunluğu yaklaşık 1-1.5 cm artar (Bailey,1971). Gebelik boyunca böbrek hacminde yaklaşık %30 artış olduğu saptanmıştır (Christensen,1989). Böbrek kalikslerinde ve üreterlerde; progesteron, relaksin ve nitrik oksidin kas tabakasındaki gevşemeyi arttırmasına bağlı olarak, 14. haftadan önce başlayan bir genişleme olur. Bu genişleme ikinci trimesterden itibaren belirginleşen üreteral bası artışı ile birlikte özellikle sağ tarafta artar (Faundes,1998). Üriner toplayıcı sistemdeki bu fizyolojik genişleme üst üriner sistem enfeksiyonu riskinde artışa neden olur. Böbrek hacmi doğumdan sonraki ilk hafta içerisinde normale döner, ancak hidronefroz ve üreteral genişleme doğumdan sonra 3-4 ay kadar devam edebilir (Fried,1983). Üst üriner sistemde meydana gelen genişlemenin aksine gebeliğin birinci trimesteri ile ikinci trimesteri arasında mesane basıncı yaklaşık olarak iki katına çıkar ve mesane kapasitesi belirgin olarak azalır. Gebelik sırasında yapılan ürodinamik çalışmalarda üretral uzunluk ve intraüretral kapanma basıncı %20 artmış olarak bulunmuştur (Iosif,1980). Gebelerin en az yarısında, üçüncü trimesterde üriner inkontinans gelişir (Wesnes,2009).

Gebeliğin ikinci trimesterinin ortalarından itibaren renal plazma akışı gebelik öncesi değerlerin yaklaşık %70 fazlası olacak şekilde artar ve üçüncü trimesterde gebelik öncesi ölçümlerin yine de %50 fazlası olacak şekilde hafifçe azalır (Dunlop,1981). Glomerüler filtrasyon hızı (GFH) 6. gebelik haftasından itibaren artış gösterir ve birinci trimesterin sonlarına doğru tepe noktasına ulaşarak gebe olmayan kadınların %50 fazlasına ulaşır. Son trimesterde GFH %20 azalır. Gebelikte kreatinin klirensi hafifçe artar. Kreatinin ve üre serum konsantrasyonları gebelik boyunca azalır. Serum kreatinin seviyesi gebelik öncesi seviyesi olan 0.83 mg/dL'den ardarda gelen trimesterlerde sırasıyla 0.7, 0.6, ve 0.5 mg/dL seviyelerine düşer. Gebelerde serum kreatinini sürekli olarak 0.8 mg/dL seviyesini aşıyorsa intrensek böbrek hastalığından şüphelenilmelidir (Fitzpatrick,2016). Üre seviyesi ise gebelik öncesi seviyesi olan 12 mg/dL'den ardarda gelen trimesterlerde sırasıyla 11, 9, ve 10 mg/dL seviyelerine düşer. Gebelik süresince plazma ürik asit seviyesi 8. gebelik haftasından 24. gebelik haftasına kadar azalır. 24. gebelik haftasında en düşük seviyesine ulaşan ürik asit seviyesi terme kadar tekrar artarak gebelik öncesi

te akut doku-organ reddinin ana tedavisi yüksek doz steroidlerdir.

Böbrek nakli yapılan hastalarda doğum kontrol yöntemi olarak rahim içi araç kullanılmamalıdır. İmmün baskılayıcı ilaç kullanımı, rahim içi araçların kontraseptif etkisini azaltır. Rahim içi araçların istenilen kontraseptif etkiyi tam olarak oluşturabilmesi için kullanıcının immünolojik doku yanıtının sağlam olması gerekir. Ayrıca immün baskılayıcı ilaç kullanan hastalarda rahim içi araca bağlı enfeksiyon riski de artmıştır. Nakil hastalarında doğum kontrol yöntemi olarak bariyer metodlar ve oral kontraseptifler önerilebilir (Zerner,1981).

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