

GEBELİKTE GASTROİNTESTİNAL HASTALIKLAR

26. BÖLÜM

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Bu bölümde gebelikte sık rastlanan gastroin-
testinal sistem (GİS) hastalıklarının bulguları,
tanı ve tedavileri değerlendirilmektedir.

GASTROİNTESTİNAL SİSTEMİN MATERNAL ADAPTASYONU

Gebeliğin gastrointestinal sistemde sekresyon ve emilim üzerine etkisi yok denecek kadar azdır ancak motilite üzerine etkisi mevcuttur. Motilite üzerine etki progesteron artışı ile orantılıdır ve tüm GİS üzerinde görülür. Uterusun boyutundaki artış barsak, apendiks lokalizasyonunu değiştirir ve gebelikte bulguların değişmesine neden olur. Ayrıca gebelikte beyaz küre fizyolojik olarak artar. Gebelik bilgisayarlı tomografi gibi görüntüleme yöntemlerini sınırlandırır. Bütün bu parametreler göz önünde tutularak tanı ve tedavi planlanmalıdır.

Orofarenks

Hormonal değişimler orofarenks mukozasını etkilemektedir. Çoğu çalışma, gebelikte tat algısının değiştiğini göstermektedir. Etiyoloji bilinmemektedir ve tat değişiminin yönü çalışmalar arasında farklılık göstermektedir (Ochsenbein-Kölble N, 2005). Gebelikte ortaya çıkan yaygın patolojilerin başında gingivitis bulunur. Diş etinin

interdental papillalarının genişlemesi diş eti kanaması, ülserasyon ve ağrıya neden olabilir. Gingivitis %40-100 oranında bildirilmiştir (Lee H, 1963). Gebeliğe bağlı gingivitisin nedeni çok faktörlüdür ve hormonal duruma bağlı vasküler ve enflamatuvar değişiklikleri içerir (Kinney B, 1995)

Gebeliğin, çürüğün başlaması veya ilerlemesi üzerine etkisi açık değildir; salivasyonda artış, tükürük pH'ı, oral flora, diyet ve oral hijyende hamileliğe bağlı değişiklikler çürük riskini artırabilir (Laine MA, 2002). Optimal ağız hijyeni diş etinde eritem, kanama ve çürük gelişimini azaltabilir; bu nedenle, sık sık fırçalama ve diş ipi kullanımı önemlidir.

Özefagus

Özefagus mide içeriğinin geri kaçışını önleyen sfinkter ile alkali pH ı korumaktadır. Gebelik sırasında ve progesteron içeren oral kontraseptif kullanımında gastroözofajial sfinkterin tonusunun azaldığını tespit eden çalışmaların aksine erken gebelikte değişiklik olmadığı gösterilmiştir. Araştırmacılar gastrin ve asetilkoline, alt özofajial sfinkter sirküler kaslarının yanıtında azalma saptamışlardır. Sonuç olarak gebelikte gebe olmaya kıyasla gastrointesinal reflü riski artmaktadır (Kelly TF, 2019).

pasyon, dolaşımdaki kan hacminin genişlemesi, venöz dilatasyon ve genişleyen uterustan vasküler bası ile oluşan venöz staz hemoroid gelişimine katkı sağlar.

Tanı

Hemoroidler karakteristik olarak üç bulgudan oluşan klinik triadı mevcuttur. Rektum girişinde arterial kanama ile uyumlu parlak kırmızı kanama izlenmesi, gaita ile karışmayan onun yerine gaitayı kaplayan kanama ve tuvalet kağıdı üzerinde izlenen kanama şeklindedir. Diğer klinik belirtiler arasında anorektal rahatsızlık, hemoroidin prolapsusu ile oluşan kaşıntı ve ağrı, tromboz veya inkanserasyon bulunur (Cappell MS, 2017).

Tedavi

Dış hemoroidlerden kaynaklanan ağrı hafif veya orta derecede olduğundan, konservatif tedavi yüksek lifli diyet, sıvı alımı, topikal analjezikleri ve ılık banyo ile yeterli olmaktadır. Hemoroidektomi, şiddetli ağrılı veya akut trombozlu dış hemoroidler için lokal anestezi kullanılarak gebelik sırasında güvenle yapılabilir (Wald A, 2003). İç hemoroidler için genel önlemler benzer şekilde lif takviyeleri, sıvılar, demir desteğinin azaltılması şeklindedir. İç hemoroidlerden kaynaklanan şiddetli veya refrakter semptomlar için tedaviler arasında bant ligasyonu, skleroterapi, fotokoagülasyon ve lazer ile koagülasyon bulunur ve gebelik sırasında genellikle güvenli ve etkilidir. Sıklıkla semptomlar doğumdan hemen sonra kendiliğinden düzelir (Medich DS, 1995; Staroselsky A, 2008).

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