GEBELİKTE HEPATOBİLİYER SİSTEM HASTALIKLARI

31. BÖLÜM

Dr. Bengü MUTLU SÜTCÜOĞLU
Dr. Mehmet Zeki TANER

GEBELİKTE NORMAL KARACİĞER FİZYOLOJİSİ

Gebelikle birlikte tüm sistemlerde olduğu gibi hepatobiliyer sistemde de fizyolojik değişiklikler gerçekleşir. Plazma volümü ortalama %50 artar, venöz basınçta artış olur ancak karaciğere giden kan volümü hemen hemen sabit kalır (kardiyak outputun %25-33'ü)(Kerr, Scott, & Samuel, 1964). Sistemik vasküler rezistansın da düşmesi dekompanse kronik karaciğer hastalığı benzeri bir fizyolojik tablo yaratır. Özellikle üçüncü trimesterde uterusun büyümesi ile birlikte karaciğer yukarı itilir. Karaciğer boyutları değişmez, hepatomegali her zaman patolojik bulgu olarak yorumlanmalıdır.

Serum plazma protein seviyeleri gebelikte düşer, normal sınırlara yükselmesi postparum birkaç haftayı bulabilir. Total protein düzeyinin düşüşünün esas sebebi albuminin %20-40 azalmasıdır. Bu azalma plazmanın artışıyla gelişen hemodilüsyona bağlanmaktadır. Serum östrojen ve progesteron seviyeleri artar. Hiperöstrojenemiye bağlı olarak palmar eritem ve spider telejiektaziler görülebilir, bu bulgular gebelik sonrası geriler(Van Thiel & Gavaler, 1987). Yine bu hormonal değişikliklere bağlı sitokrom P450 enzim metabolizmasında da değişiklikler olur. Seruloplazmin ve transferrin artar, tiroksin bağlayıcı globulin (TBG) ve kortikosteroid bağlayıcı globulin (CBG) artar. Fibrinojen biyosentezi ve diğer koagülasyon faktörleri (Faktör 7, 8, 9, 10) artar. Protrombin zamanı (PT) ve aktive parsiyel tromboplastin zamanı (aPTT) değişmez.

Karaciğer fonksiyon testleri de gebelikte hemodilüsyona bağlı değişiklik gösterebilir. 430 hastayla yapılan tek merkezli prospektif bir çalışmada aspartat aminotransferaz (AST), alanin aminotransferaz(ALT), γ-glutamil transpeptidaz

Gebelikte Normal Karaciğer Fonksiyon Testleri (Girling et al., 1997)

	Gebe Olmayan	Birinci Trimester	İkinci Trimester	Üçüncü Trimester
AST (IU/L)	7-40	10-28	11-29	11-30
ALT (IU/L)	0-40	6-32	6-32	6-32
Bilirubin (µmol/L)	0-17	4-16	3-13	3-14
GGT (IU/L)	11-50	5-37	5-43	5-41
ALP (IU/L)	30-130	32-100	43-135	130-418

gebelerin %32'sinin preterm doğum yaptığı ve bunların %11'inin 35. gestasyonel haftadan küçük gebelikler olduğu bildirilmiştir (Eddy et al., 2008). Başka bir çalışmada 343 pankreatitli gebe değerlendirilmiş ve 37. gestasyonel haftadan önce preterm doğum oranlarının arttığı (OR 4.1, %95 CI 3.23-5.21) bildirilmiştir (Hacker et al., 2015). Yine bu çalışmada preeklampsi riskinin de arttığı (OR 4.21, %95 CI 2.99-5.93) tespit edilmiştir.

GEBELİK VE PANKREAS TRANSPLANTASYONU

Pankreas-böbrek transplantasyonu sonrası ilk gebelik 1986 yılında bildirilmiştir(L. Castro et al., 1986). Pankreas-böbrek transplantasyonu sonrası gebelik mümkünken; bu gebeliklerde bildirilen komplikasyonların çeşitliliği bu hastalarda ciddi antenatal takibin önemini göstermektedir. Bu hastaların takibi multidisipliner yapılmalıdır. Hem graft rejeksiyon riskini minimalize etmek hem de immünsupresif tedavi dozlarını düşürebilmek için gebelik transplantasyon sonrası minimum 1 yıl sonra planlanmalıdır. Transplantasyon sonrası gebelik sonuçlarını değerlendiren uluslararası verilere göre; hipertansiyon %41-95, preeklampsi %22-32, prematürite %65-84, sezaryen doğumun ise %61-69 aralığında olduğu tespit edilmiştir. Bu gebelerde ortalama gebelik yaşı 33.7-34.8 iken canlı doğum oranları %64-79 olarak saptanmıştır (Deshpande, Coscia, Gomez-Lobo, Moritz, & Armenti, 2013). Literatürde pankreas adacık ototransplantasyonu sonrası başarılı gebelikler de bildirilmiştir (Jung et al., 2007).

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