17. BÖLÜM

GEBELİKTE TROMBOEMBOLİ

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Giriş

Derin ven trombozu (DVT) ve pulmoner emboli (PE) birlikte venöz tromboemboli (VTE) olarak adlandırılır. Gebelikle ilişkili VTE yaklaşık %75-80 oranında DVT, %20-25 oranında PE nedenlidir [1,2]. Vakaların yaklaşık yarısı gebelikte yarısı postpartum dönemde görülmekle birlikte doğumdan hemen sonraki haftalarda risk en yüksek düzeydedir [3]. Gebelik veya postpartum dönemdeki kadınlar tromboemboli açısından gebe olmayan kadınlara göre 4-5 kat daha fazla risk altındadır. Gebelikteki tromboemboli vakalarının yaklaşık %80'i venözdür. Gebe kadınlarda prevalans yaklaşık 1000 gebelikte 0.5-2 civarındadır [1-4]. Venöz tromboemboli Amerika'da anne ölümlerinin başlıca nedenlerinden olup tüm anne ölümlerinin yaklaşık % 9.3' ünü oluşturmaktadır [5]. Tromboembolinin gebelik ve peripartum dönemde görülme sıklığı ve sonuçlarının ciddiyeti nedeniyle yönetimi ve tedavisi oldukça önemlidir. Akut trombotik olay ve tromboz için artmış risk durumunda profilaksi gerekmektedir.

Gebelikte Görülen Değişiklikler

Venöz Tromboemboli

Gebelikle ilişkili fizyolojik ve anatomik değişiklikler tromboemboli riskini artırır. Hiperkoagülopati, artmış venöz staz, venöz akımda azalma, büyüyen uterusun inferior vena cava ve pelvik venlere basısı ve azalan mobilite önemli nedenlerdedir [6]. Gebelikte ayrıca hemostazdan sorumlu koagülasyon faktörlerinin miktarı da değişir. Tüm bu değişimler trombojenik durumu arttırır. Gebelikte DVT ortaya çıkarsa genelde sol alt ekstremite ve daha çok iliak ve iliofemoral ven kaynaklıdır [7,8].

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liği sırasında, özellikle de üçüncü trimesterde DVT geçirenlerin doğumdan sonra 6 haftadan daha uzun bir süre varfarine devam etmeleri gerekmektedir; bazı uzmanlar duruma göre en az 3-6 ay varfarine devam edilmesini önermektedir. Varfarin, düşük molekül ağırlıklı heparin ve fraksiyone olmayan heparin anne sütüne geçmediğinden bebekte antikoagülan etki göstermezler ve laktasyon döneminde kullanılabilirler [21,34].

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