

# 7. BÖLÜM

## GEBELİKTE HİPERTANSİYF HASTALIKLAR VE OBSTETRİK ANESTEZİ

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Gebelikte Hipertansiyon (HT), kan basıncının 6 saat içinde yapılan iki farklı ölçümde 140/90mmHg üzerinde ölçülmesidir ve gebelerin %10 kadarında görülmektedir <sup>(1)</sup>. Günümüzde gebelikte hipertansiyon sınıflandırmasında Ulusal Gebelikte Hipertansiyon Çalışma Grubu Enstitüsü tarafından hazırlanan sistem dünya çapındaki birçok araştırmacı tarafından kabul edilmiştir. Bu çalışma grubuna göre gebelikte hipertansiyon; preeklampsi-eklampsi, gestasyonel hipertansiyon, kronik hipertansiyon zemininde gelişen süperimpoze preeklampsi ve kronik hipertansiyon şeklinde sınıflandırmaktadır <sup>(2)</sup>.

### **Preeklampsi - Eklampsi**

Patofizyolojisinde, anormal prostoglandin metabolizması, vasküler endotelde mikroanjiyopatik değişikliklere bağlı trombozis, kapiller kaçış ve vazospazm rol oynar. Potent bir vazokonstriktör ve trombosit agregasyon aktivatörü olan tromboxanA2 yapımında artış ve potent bir vazodilatör ve trombosit agregasyon inhibitörü olan prostoglandin I2 yapımında azalma vardır. Endotel disfonksiyonu, nitrik oksit azalması ve güçlü bir vazokonstriktör ve trombosit aktivatörü olan endotelin 1 yapımında artışa neden olur. Vasküler permeabilite artışı ile plazma onkotik basıncında düşme, proteinüri, generalize ödem ve intravasküler volümde azalma ile birlikte interstisyel alanda sıvı artışı ortaya çıkar. Vücuttaki yaygın vazospazm ve mikroanjiyopatik değişiklikler sonucunda renal, hepatik, hematolojik, nörolojikve uteroplasental yetmezlik gözlenir <sup>(3)</sup>.

Preeklampsi iki şekilde değerlendirilir;

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