

GEBELİKTE SIK GÖRÜLEN ÜROLOJİK PROBLEMLER

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Giriş

Gebelik döneminde üriner sistemde hem anatomik hem de fizyolojik değişiklikler olur. Meydana gelen bu değişimler çoğunlukla gebeliğe bağlı olduğu gibi, bazen patolojik nedenler de buna sebebiyet verebilir. Bunlar çoğunlukla geri dönüşümlü olmasına rağmen bazen anne ve bebek sağlığını etkileyip doğum sonrası da devam edebilmektedir. Oluşan problemlerin ortaya çıkardığı durumu ortadan kaldırmak için gebelere yapılacak medikal ve cerrahi tedaviler özenle belirlenmelidir. Belirlenen bu tedaviler doğru zamanlanırsa anne ve bebeğin hem morbiditesi hem de mortalitesi üzerinde önemli bir etkiye sahiptir.

Ürogenital Sistemdeki Fizyolojik Ve Anatomik Değişiklikler

Gebelikte ürogenital sistemde hem fizyolojik hem de anatomik değişiklikler meydana gelmektedir. Böbrek kan akımının artmasından dolayı GFR'de ve parankim hacminde artış meydana gelmektedir. Gebelikte böbrekler 1-1,5 cm büyür ve renal pelvis 60 ml'ye kadar dilate olabilir. Böbrek boyutu ve ağırlığındaki artış gerçek bir hipertrofi sayılmayıp kanlanmanın meydana getirdiği hacim artışına bağlanmaktadır⁽¹⁾. Bu değişimler gebelik sonrası birkaç ay sonrasına kadar devam eder. Yapılan çalışmada histolojide veya nefron sayısında bir değişiklik gözlenmemiş⁽²⁾. Gebelerde meydana gelen renal fonksiyonlardaki değişimler nedeniyle atılan ve emilen mineral miktarında değişimler meydana gelmektedir. Diyabet veya böbrek hastalığı olmadığında da gebelikte glukozüri ve aminoasidüri görülebilir⁽³⁾. Üriner sistem anatomisi gebelikte meydana gelen bazı organların büyümesi ve vücut dolaşımında meydana gelen değişimler nedeniyle farklılaşmaktadır. Böbrek, pelvis ve kaliks sistemleri üreterler üzerindeki mekanik

kateter, nefrostomi ve endoskopik taş cerrahisi aktif olarak uygulanmaktadır. Taş tedavisinde PNL tedavisi ise kliniğimizde gebe hastalara aktif olarak yapılmamaktadır. ESWL tedavisi ise gebelerde kontrendikedir.

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