

4. BÖLÜM

EKTOPIK GEBELİK

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GİRİŞ

Ektopik gebelik, Yunanca “ektopos” yani “dışarıda” kelimesinden köken alır. Gelişen blastokistin anormal şekilde uterus endometrium yerine başka bir yere implante olması ektopik gebelik olarak tanımlanır. En yaygın uterus dışı yerleşim fallop tüpüne olur ve bu yerleşim ektopik gebeliklerin %96’sını oluşturur (1). Bu gebeliklerin yönetimi yıllar içinde önemli ölçüde değişmiştir ve ektopik gebelik için günümüzde öncelikli tedavi cerrahiden ziyade farmakolojik tedavidir (2). Yine de ektopik gebeliğin, hali hazırda ilk trimesterdaki maternal mortalite ve morbiditenin önde gelen nedeni olduğu akılda bulundurulmalıdır. Teşhis ve tedavideki gelişmelere rağmen halen ektopik gebelikten kaynaklanan kanamanın gebeliğe bağlı tüm ölümlerin yüzde %4’ünü oluşturduğu da bilinmelidir (3, 4).

EPİDEMİYOLOJİ

Tanı koyma başarısındaki gelişmeler, ektopik gebeliğe bağlı hastane yatışı ile hasta takibi sıklığının azalmasını sağlamıştır. Buna karşılık tek bir ektopik gebelik için poliklinikten ayaktan hasta takip sıklığı artmıştır (5). Bu nedenle

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lar laparotomiyi tercih etmektedir. Cerrahi yaklaşım seçimi, cerrah tarafından anestezi uzmanının da görüşü alınarak ve hastanın klinik durumu göz önünde bulundurularak yapılmalıdır. Laparoskopik açık cerrahiye göre daha kısa ameliyat süresi, daha az perioperatif kan kaybı, daha kısa hastanede kalış süresi, daha kısa iyileşme süresi ve daha düşük maliyetler gibi avantajlara sahiptir. Laparotomi tipik olarak intraperitoneal kanama miktarı çok olan ve bu nedenle laparoskopide görüntülemenin sorun olacağı hastalarda tercih edilebilir.

Ameliyat sonrası β -hCG izlemi

Salpingostomi geçiren hastalar için serum β -hCG seviyeleri negatif saptanana kadar haftalık olarak ölçülür. Cerrahın tuba uterinadaki tüm gebelik ürünlerinin çıkarıldığından emin olmadığı durumlarda, ameliyattan hemen sonra verilen profilaksi için tek doz metotreksat önerilmiştir (71). Salpenjektomi geçiren hastalar içinse, patoloji incelemesi tubal gebeliği doğrularsa, birçok cerrah postoperatif β -hCG'yi kontrol etmez ve bazıları ise tek bir kere olmak üzere serum β -hCG testi ister.

ALTERNATİF TEDAVİLER

Aromataz inhibitörlerinden letrozolün de ektopik gebelik tedavisinde de etkili olabileceğine dair yayınlar olmakla birlikte bu konuda daha fazla çalışmaya ihtiyaç vardır (72, 73).

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