7. BÖLÜM

ÜRİNER TRAKTUS ENFEKSİYONLARI

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GİRİŞ

Gebelik üriner sistem üzerine spesifik değişikliklere neden olmaktadır. Gebelikteki en sık bakteriyel enfeksiyonlar üriner sistem kaynaklıdır ve gebelikteki hastaneye yatış nedenleri arasında üst sıralarda yer almaktadır. Gebelikte meydana gelen fizyolojik değişiklikler nedeniyle üriner sistem enfeksiyonlarına yatkınlık oluşmaktadır. Üriner traktus infeksiyonları üst (pyelonefrit) ve alt (sistit-üretrit) üriner sistem olmak üzere ikiye ayrılabilir. Gebelikteki en sık görülen üriner traktus infeksiyonu asemptomatik bakteriüridir. Semptomatik olanlar ise sistit ve renal parankimin enfekte olduğu piyelonefrittir. En sık saptanan mikroorganizmalar gebe olmayan kadınlar ile aynıdır ve %90 etken Escherichia Coli (E.coli)' dir. Postpartum tedavi antepartum tedavi ile aynıdır. Prenatal takip etkin ve düzenli bir şekilde yapılırsa çoğu üriner enfeksiyonda tedavi ile tam iyileşme olasıdır.

Gebelikte Üriner Traktus Değişimleri

Üriner traktusta hem yapısal hem de fonksiyonel belirgin değişiklikler meydana gelmektedir. Gebelik haftası ilerledikçe böbrekler hacim olarak %25-35 büyür, kaliksler dilate olur. Renal pelvis hacminde yaklaşık 5-6 kat artış olur.

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ter doğuma kadar yerleştirlebilir. Uterin bası nedeniyle bazen takılması çok zor olabilir. Eğer taş için mutlak operasyon düşünülür ise ikinci üçaydan sonra perkutanöz invaziv yöntemler denenebilir. Ancak gebelikte ekstrakorporeal shock wave litotiripsi (ESWL) kontrendikedir (52).

Medikal tedavi sonrasında rekürrensler % 6-8 civarında izlenir (53,54). Rekürrenslerde komplikasyonlar ekarte edildikten sonra doğuma kadar gece yatarken tek doz 100 mg nitrofurantoin ya da 250-500 mg sefaleksin verilebilir (41, 56). Baskılama tedavisi altındayken tekrarlama olursa antibiyotik duyarlılığı yapılmalıdır.

SONUÇ

Normal bir gebeliğin seyrinde oluşan fizyolojik değişikliklerden dolayı gebelikte üriner sistem infeksiyonlarına yatkınlık oluşmaktadır. İlk antenatal vizitte idrar tahlili ve yapılabiliyorsa mutlaka idrar kültürü yapılmalıdır. Gebelerde en sık sepsisin ürosepsis olduğu unutulmamalıdır. Gebe olmayan kadınlardan farklı olarak asemptomatik olan ancak bakteriürisi olan hastalar mutlaka tedavi edilmelidir. Asemptomatik bakteriüri ve pyelonefrtit geçiren gebelerde vaka kontrol çalışmalarında preklampsi riskinde artış saptanmıştır (55). Rekürren üriner trakt enfeksiyonlarının önlenmesinde postkoital 250 mg sefaleksin ya da 50 mg nitrofurantoin takipte etkili bulunmuştur (56). Genelde uygun tedavi ile perinatal komplikasyonlar azaltılabilir. Sıklıkla akut süreçler olduğundan maternal kalıcı renal disfonksiyon nadirdir.

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