

11. BÖLÜM

PLASENTA PREVİA

Didem GÜL SARITAŞ¹

GİRİŞ

Obstetrik kanamalar anne ölümlerinin $\frac{1}{4}$ ünü oluşturmaktadır (1).

Plasenta previa bir implantasyon anormalliği olup, her 150-250 doğumda bir görülür ve anormal plasentasyona bağlı olarak oluşan obstetrik kanama vakalarının üçte birini oluşturur (1,2).

Plasenta previa internal servikal osun komplet veya parsiyel olarak plasenta ile kapanması durumudur (3). Antepartum ve postpartum kanamaya sebep olabilir. Maternal morbidite ve mortaliteyi arttırmaktadır (4). Bu durum, güvenli vajinal doğuma engel olarak sezaryen doğum gerektirmektedir. Çoğu vaka gebelikte erken tanı almakta, bir kısmı ise acil servise gebeliğin 2. ve 3. trimesterinde ağrısız vajinal kanama ile başvurmaktadır. Plasenta previa varlığı ayrıca plasenta akreata spektrum (PAS) riskini arttırmaktadır. Bu spektrum plasenta akreata, inkreata ve perkreata durumlarını içerir. Plasenta previa ve PAS'a bağlı oluşan kontrol edilemeyen postpartum kanama, kan transfüzyonu ve histerektomi gerekliliğini arttırmaktadır (3). Septisemi ve koagülopati görülebilmektedir (4 ,5).

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