15. BÖLÜM GEBELİKTE PULMONER TROMBOEMBOLİ

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Gebelik sürecinde hemostatik sistemin aktivitesi, doğum ve postpartum sürecin gereksinimleri doğrultusunda giderek artar (1). Endotel hasarları, kan akımında staz gelişimi ve koagülasyon yolaklarının aşırı aktivasyonu trombüs oluşumunda rol almaktadır (1).

Pulmoner emboli, venöz trombozun bir komplikasyonu olup, herhangi bir trimestırda görülen gebelikle ilişkili ölümlerin önde gelen sebeplerindendir (1). Spesifik bir klinik özelliği olmaksızın oldukça yaygın görülen bir bozukluktur (1). Ölümcül durumlardan kaçınmak için teşhis ve tedavide hızlı olmak gerekmektedir (1). Pulmoner emboli teşhis ve tedavisindeki gecikmeler, yaygın rastlanan ve üzerinde dikkatle durulması gereken konulardandır (1).

Gebelikte görülen pulmoner emboli, tüm gebelik süresince ölüme sebebiyet verebilmektedir (1). Koagülasyon sistemindeki bozukluğun bir komplikasyonu olup tromboembolik hastalığa neden olur (1). Semptom ve bulgular hastalığa spesifik olmadığından tanı gecikebilir veya atlanabilir (1). Embolik bir epizot gözden kaçabildiği için hastaların yaklaşık üçte biri ölmektedir (1). Masif bir pulmoner emboli sonrasında ise hastalar aniden ölebilmektedir (1). Hastalarda gelişebilecek bir koagülasyon bozukluğunun tahmin edilmesi, tromboembolik hastalığın önlenmesi ve etkili profilaktik tedavinin verilebilmesi açısından çok önemlidir (2).

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Son birkaç on yılda; tanısal araçlar ve ilerlemeler, hekimlerin doğru tanıya yönelik yeteneklerinin ilerlemesi pulmoner emboli tanı ve tedavisinin uygun verilmesini sağlamıştır (1). Böylece anne ve fetüs için oluşabilecek komplikasyonlarda azalma sağlanmıştır (1).

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