

Bölüm 11

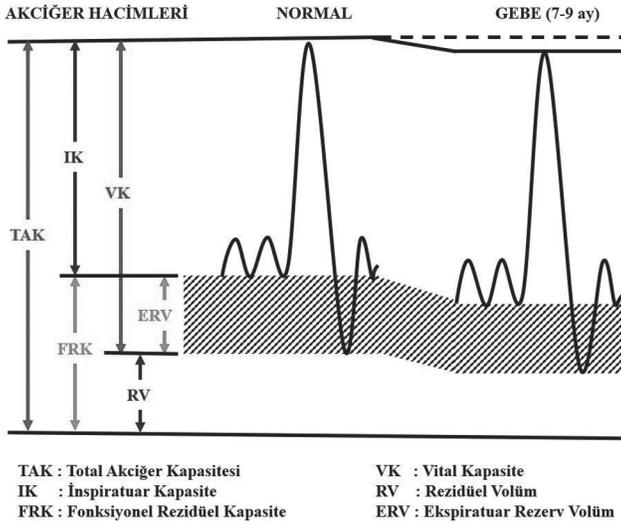
GEBELİKTE AKCİĞER ENFEKSİYONLARI VE KİSTİK FİBROZİS



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GİRİŞ

Solunum fizyolojisindeki gebelikle ilişkili değişikliklerin farkında olunması, gebelikte solunum yolu hastalığının yönetimi için önemlidir. Bu tür değişiklikler, hamile kadının fetüsün solunum ve metabolik ihtiyaçlarını karşılamasına izin verir.



Şekil 1. Gebelikte Akciğerdeki Değişiklikler

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(34). Altta yatan akciğer hastalığına ek olarak, gebelikleri komplike hale getirebilecek komorbiditeler arasında KF ile ilişkili diyabet, kardiyak ileti bozuklukları, akut böbrek yetmezliği ve trombofili / antifosfolipid sendromu yer almaktadır. Özellikle pulmoner hipertansiyon mevcut olduğunda şiddetli akciğer hastalığı daha kötü sonuçlarla ilişkilidir (36); ancak gebe kalmadan önce ciddi akciğer fonksiyon bozukluğu olan birkaç kadında başarılı sonuçlar bildirilmiştir (37). Küçük vaka serileri ve daha büyük kohort çalışmaları, gebelik öyküsünün, hafif ila orta derecede akciğer hastalığı olan (yani, bir saniyede zorlu ekspiratuar hacim [FEV1] > yüzde 60 öngörülen) KF'li kadınlar için hamilelik sırasında pulmoner alevlenmeler için tedavi sıklığı artmış olmasına rağmen müteakip klinik seyri de-ğiştirmediğini belgelemiştir.(38)

KF'li kadınlar için gebelik yönetiminin genel ilkeleri aşağıdakileri içerir (39-41):

- Gebe kalmadan önce optimal, stabil pulmoner fonksiyona ulaşmak ve hamilelik sırasında dikkatlice izlenmesi
- Çocuklarda hastalık riski, babanın taşıyıcı testi ve doğum öncesi tanı seçenekleri hakkında genetik danışmanlık sağlanması (bkz. “Kistik fibroz: Taşıyıcı taraması”)
- Anne beslenmesi ve kilo alımının yakından izlenmesi
- İkincil insülin eksikliği ve KF ile ilişkili diyabet riskinin artması nedeniyle gebeliğin erken dönemlerinde gestasyonel diyabet taraması

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