

Bölüm 12

GEBELİK VE TROMBOFİLİ



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|GİRİŞ

Gebelikte artan kan ihtiyacını karşılamak, doğum sırasında ve sonrasında meydana gelebilecek ölümcül kan kayıplarından anne adayını koruyabilmek için gebelik esnasında vücutta bir takım hemostatik değişikliklere ihtiyaç duyulur. Bu değişiklikler; birçok koagülasyon faktörlerinde artma (faktör VII, X ve VIII, fibrinojen, vWF) bazı doğal antikoagülanlarda azalma ve fibrinolitik aktivitenin azalması olarak sıralanabilir. Gebeliğin fizyolojik değişimi olarak kabul edilen bu değişimler gebeyi ölümcül kanamalardan korurken bir yandan da hiperkoagülabilite ve dolayısı ile artan pıhtılaşma durumuna bağlı ortaya çıkan komplikasyonlara yatkın hale getirmektedir (1,2). Plasenta kaynaklı olan plazminojen aktivatör inhibitörü tip-2 (PAI-2) sayesinde değişen fibrinolitik aktivite doğum ile hızlıca eski haline döner (3).

Trombofili; derin ven trombozu, pulmoner emboli gibi tromboz ile seyreden hastalıklara yol açan bir pıhtılaşma bozukluğudur. Bu durumun gebelikte tekrarlayan düşükler, preeklampsi, plasental perfüzyon bozukluğu ile beraber intrauterin gelişme kısıtlılığı (IUGR) ve plasenta dekolmanı ile ilişkili olabileceği düşü-

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Testin sonuçları gebelikte ve puerperyum sırasında venöz tromboemboli riskini azaltmak için hazırlanmış kılavuz ile konsensustaki bireyselleştirilmiş risk faktörleri de dikkate alınarak incelenmeli ve tedavi kararı buna göre verilmelidir (43,44)

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