

# Bölüm 14

## ÜRİNER SİSTEM ENFEKSİYONLARI VE NEFROLİTİAZİS



Can ATA<sup>1</sup>

### |ÜRİNER SİSTEM ENFEKSİYONLARI

Üriner sistem normal şartlarda sterildir. Bakteriüri genellikle fekal kaynaktan veya vajinal / perineal cilt florası bakterilerinin asendan bulaşı nedeniyle oluşur. Üriner sistem enfeksiyonları, gebelikte en sık görülen bakteriyel enfeksiyonlardır (1). Gebelik sürecinde birçok hormonal ve anatomik değişiklik meydana gelmekte ve üriner sistem enfeksiyonu oluşumunu kolaylaştırmaktadır (2).

Gebeliğin erken döneminde, yaklaşık yedinci haftadan itibaren, progesteronun neden olduğu düz kas gevşemesine bağlı olarak üreterler genişlemeye başlar. Uterus hacmi, 22-26. haftalarda pik yaparak mekanik kompresyon ve gebelik hidronefrozu fenomenini daha da şiddetlendirir (3). Ayrıca, gebelik sırasında artan plazma hacmi, idrar konsantrasyonunun azalmasına ve mesane hacminin artmasına neden olur. Tüm bu faktörler üriner staz ve vezikoüreteral reflüyü artırır. Ek olarak, idrar pH'ı ve ozmolalitesindeki farklılıklar ile gebeliğe bağlı glikozüri ve aminoasidüri, bakterilerin çoğalmasını ve üriner sistem enfeksiyonu gelişmesini kolaylaştırır.

Gebelikte üriner sistem enfeksiyonları, asemptomatik bakteriüri, alt üriner sistem enfeksiyonları ve üst üriner sistem enfeksiyonları olarak üçe ayrılır. Literatüre göre gebe kadınlarda asemptomatik bakteriüri prevalansı %2-10, sistit prevalansı %1-2 ve piyelonefrit prevalansı %1 dir (4).

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tomiden kaçınılmalıdır.

## SONUÇ

- Üriner sistem enfeksiyonları, gebelikte en sık görülen bakteriyel enfeksiyonlardır.
- Gebelikte üriner sistem enfeksiyonları, asemptomatik bakteriüri, alt üriner sistem enfeksiyonları ve üst üriner sistem enfeksiyonları olarak üçe ayrılır.
- Asemptomatik bakteriüri tanısı, idrar kültüründe bakteri üremesi bulunmasıyla konur.
- Asemptomatik bakteriüri tanılı gebeler tedavi edilmez ise % 40 oranına kadar piyelonefrit gelişebilir .
- Gebelikte akut sistit insidansı asemptomatik bakteriüriden daha nadir olmakla birlikte %1-2 civarında görülmektedir.
- Gebelikte akut piyelonefrit insidansı %1 in altındadır.
- Piyelonefrit tanısı alan gebeler hospitalize edilmeli ve intravenöz antibiyotikler ve hidrasyon ile tedavi edilmelidir.
- Gebelikte üriner sistem taşlarının görülme sıklığı gebelik dışı dönem ile benzerdir ve yaklaşık 1/1500 oranındadır.
- Intravenöz ürogram(IVU) , ürolitiazis tanısında altın standart olarak kabul edilir.
- Gebelik sırasında nefrolitiazisin ilk yönetimi konservatif tedavidir.

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