

# Bölüm 15

## RENAL HASTALIKLAR



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### | GİRİŞ

Gebelerde, üriner sistem üzerinde anatomik ve fizyolojik geri dönebilen değişiklikler meydana gelir. Pelviste büyüyen bebek ve uterus, sigmoid kolon sebebiyle anatomik olarak hafif sağa deviyedir. Buna bağlı üreteral basıç artar. Gebeliğin hakim hormonu progesteronun da düz kaslardaki myorelaksan etkisi ile fizyolojik olarak üreterler ve pelvikaliksial sistemde hafif dilatasyon ve böbrek boyutunda hafif artış izlenir. Dilatasyon çoğunlukla sağ üriner yolaktadır. Bunu yanında glomerüler filtrasyon hızı (GFR) artar; serum üre, kreatinin, ürik asit seviyelerinde azalma gerçekleşir (1). Bu değişimler, gebelikte hidronefroz, akut böbrek yetmezliği, kronik böbrek yetmezliği, nefritik sendrom, nefrotik sendrom gibi hastalıkların yönetimine etki eder.

### | RENAL HİDRONEFROZ

Gebelikte üriner dilatasyon fizyolojik sınırlarda birinci trimesterde başlarken, son trimesterde neredeyse tüm gebeliklerin %90'ında görülebilir (2). Çoğunlukla post-partum altı hafta devam ederken, spontan iyileşme gösterir (3). Fizyolojik sınırların aşıldığı durumlarda üriner dilatasyon sonucunda hidronefroza bağlı yan ve kasık ağrısı ile kendisini gösterir (2,3). Kasık ağrısı ve yan ağrısı ile başvuran gebelerin ayrırcı tanısında preterm-term doğum eylemi, plasenta dekolmanı

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