

## Bölüm 16

# ÜST GASTROİNTESTİNAL SİSTEM BOZUKLUKLARI



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### | HİPEREMEZİS GRAVİDARUM

İlk trimesterde sıklıkla izlenen bulantı, kusmayla veya tek başına %90'a varan sıklıkta görülebilir ve hafif şiddette olduğunda normal olarak kabul edilebilir. *Ancak* bu semptomlar, şiddetli ve persistan hale geldiğinde gebenin ve ailesinin hayat kalitesini etkileyebilir (1, 2). Hiperemesis gravidarum, hafif semptomların izlendiği sabah kusmalarının aksine şiddetli semptomlarla seyrederek kilo kaybı eşlik edebilir (3). Bu durum genellikle gebelikte anksiyete bozukluğuna ve günlük performans kaybına neden olabildiği için gebelik terminasyonunu düşündürebilir (4, 5).

Bulantı ve kusma batı ülkelerinde daha sık görülürken, Asya ve Afrika'da daha az sıklıkta görülmektedir (6, 7).

Gebelikten önce taşıt tutması, migreni olan kadınlarda, gebelikte bulantı-kusma görülmesi daha olasıdır. Artmış B-hCG seviyesine bağlı olduğu düşünülmekle beraber çoğul gebelikler ve molar gebeliklerde, tekil gebeliklere oranlara daha sık izlenmektedir (8). Anosmi görülen kadınlarda daha az görülmektedir (9).

Hiperemesis gravidarum (HEG) için risk faktörleri, semptomların daha hafif seyrettiği hastalıkla aynıdır. Buna ek olarak genetik faktörlerin rol oynadığı görülmektedir. Hiperemezisi olan kadınların kızlarında ya da kız kardeşlerinde de

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İlk sırada antiasit ilaçlar ve H<sub>2</sub> reseptör antagonistleri verilmektedir. Bunlara cevap alınmaması halinde tanısal işlem veya proton pompa inhibitörleri tanı ve tedavide kullanılabilir (57).

Proton pompası inhibitörleri; pariyetal hücrenin yüzeyindeki H<sup>+</sup>, K<sup>+</sup>-AT-Paz'ı inhibe ederek mide asidi salgılanmasını etkili bir şekilde bastırır. Bu ajanlar reflüözofajit, erozivözofajit ve gastroduodenal ülserlerin tedavisinde oldukça etkilidir (64).

Gebelikte yapılan klinik çalışmalara dayanan mevcut kanıtlar, omeprazol ve pantoprazol gibi daha eski proton pompası inhibitörlerinin güvenliğini desteklemektedir ve yeni proton pompası inhibitörleri hakkında çok az veri mevcuttur. Benzer şekilde, omeprazol ve pantoprazol ile ilgili sınırlı veriler anne sütünde atılımın gerçekleştiğini ancak seviyelerin düşük olduğunu göstermektedir (65).

H. pylori mevcut olduğu düşünülürse, antimikrobiyal tedavi tipik olarak doğum sonrasına kadar ertelenir. Bununla birlikte H. Pylori, hiperemesis gravidaruma neden olabilir. Semptomlar tolere edilemezse ve endike ise gebelikte H. Pylori tedavisi düşünülebilir (66, 67).

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