# Bölüm 19

# HEPATİTLER VE SİROZ

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## HEPATİT A

Hepatit A virüsü (HAV), pikornavirüs ailesinin 27 nm doğrusal, tek sarmallı ribonükleik asit (RNA) virüsüdür ve akut viral hepatitin en yaygın nedenidir[1]. HAV enfeksiyonunun prevalansı, ülkeden ülkeye ve sınıflandırma farklılıklarına bağlı olarak değişiklik göstermektedir. Gebelikte HAV insidansı genel popülasyona göre düşüktür; yaklaşık olarak %0.016'dır[2]. Fekal-oral yolla bulaşır[3,4].

Akut HAV enfeksiyonu genellikle kendi kendini sınırlamaktadır. Kronik enfeksiyona yol açmamaktadır. HAV, viral hepatitlere bağlı ölümlerin %0.5'ini oluşturmaktadır[5]. Hepatit B ya da E ile koenfeksiyon olmadıkça fulminan hepatite dönüşme ihtmali oldukça düşüktür[6]. İnkübasyon süresi 2-6 hafta arasında değişmekle birlikte ortalama 4 haftadır[7]. İlk enfekte olunan zamandan 12 gün sonra kanda ve feçeste saptanmaktadır[7]. Bulantı, kusma, halsizlik, karın ağrısı gibi spesifik olmayan bulgularla kendini gösterebilir. Bulgular 2 aydan daha uzun sürmemektedir. Atipik olarak yaklaşık 2 ay kadar süren bifazik patern gösteren serum aminotransferaz enzim yüksekliği, daha da uzun süreler devam eden kolestaz bulguları ve hatta akut böbrek hasarı nadir de olsa karşımıza çıkmaktadır[8]. Serum HAV IgM pozitifliği ile birlikte; serum total bilirubin, alkalin fosfataz (ALP), alanin aminotransferaz (ALT) ve aspartat aminotransferaz (AST) yükseklikleri akut HAV enfeksiyonunu doğrulamaktadır[9]. Erken serolojik tanı, IgM Anti-HAV

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preeklampsi, preterm doğum, postpartum hemoraji gibi komplikasyonların riskleri artmıştır[108]. Maternal karaciğer ve böbrek yetmezliği gibi komplikasyonlar açısından dikkatli olunmalıdır[108]. Eşlik eden özefagial varisler ve splenik arter anevrizmasının rüptür riski nedeniyle doğum esnasında valsalva manevrasından kaçınılmaıdır[109–111].

## SONUÇ

- HBV enfeksiyonu olan gebeler hızlıca belirlenmeli ve güvenli bir şekilde tedavi edilmelidir. Vertikal bulaşın önlenmesi çok önemlidir. Vertikal geçişin önlenmesi, gebelik sırasında antiviral ilaç tedavisini ve ardından neonatal pasif ya da aktif immünoprofilaksiyi içermektedir.
- Hepatit A, C, D ve E'nin vertikal geçişi mümkündür.
- Hamile kadınların, hamile olmayan kadınlara göre fulminan hepatit E'ye yakalanma şansı daha yüksektir.
- Ribavirin ile PEG-INFa kombinasyonu kontrendike olduğundan hamilelik sırasında akut hepatit E tedavisi destekleyici olmaya devam etmektedir.
- Hepatit A, C ve D ile enfekte kadınlarda emzirme teşvik edilmeli, ancak akut hepatit E ile enfekte kadınlar için teşvik edilmemelidir.
- Otoimmün hepatit ve siroz ile birlikte seyreden gebeliklerde obstetrik komplikasyonlar açısından takipler özenli yapılmalıdır.

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