

Bölüm 20

GEBELİĞİN AKUT YAĞLI KARACİĞERİ VE PANKREATOBİLİYER HASTALIKLARI



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| GEBELİĞİN AKUT YAĞLI KARACİĞERİ

Gebelikte karaciğer yağlanması prevalansı yüksektir. Rastlantısal olarak ortaya çıkan nonalkolik yağlı karaciğer hastalığı (NAYKH) ve daha nadir görülen gebeliğin akut yağlı karaciğeri (GAYK) gebelikte karaciğer yağlanması en sık sebeplerindendir (1). GAYK, maternal karaciğer disfonksiyonu ve/veya yetmezliği ile karakterize nadir görülen acil obstetrik bir durumdur (2). Genellikle gebeliğin üçüncü trimesterinde (ortalama 30. haftadan sonra) veya erken postpartum dönemde ortaya çıkan, çok nadiren erken ikinci trimesterde de görülebilen hem anne hem de fetus için potansiyel olarak hayatı tehdit eden ölümcül bir komplikasyondur (1,3,4,5,6).

İlk olarak Stander ve arkadaşları tarafından 1934 yılında karaciğerin akut sarı atrofisi "yellow acute atrophy of the liver" olarak tanımlandı. 1940 yılında ise Sheehan tarafından gebelikte karaciğerin akut sarı atrofisi spesifik bir klinik antite olarak altı vaka ile tanımlanmıştır (7,8). Akut yağlı metamorfoz olarak da adlandırılır (9). Bu patoloji, karaciğerde sentrilobüler hepatositlerde (zon 3) mikroveziküler steatoz olmasına rağmen, nekroz ve inflamasyon yokluğu, hızlı karaciğer fonksiyon kaybı ve maternal destek bakımı gerektiren koagülopati ile karakterizedir. Annenin hayatta kalmasını sağlamak için fetüsün doğumu gereklidir (5,10).

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ölüm, üçüncü trimesterde erken doğum ile ilişkilendirilmiştir. SAP' lı kadınlar ise daha yüksek intrauterin fetal ölüm riski taşıdıkları için, kritik koşullarda yakın takip edilerek miadında doğurtulmalıdır (65). Gebelikte aşırı kilo alımından kaçınmak, gebelik öncesi ve gebelik sırasında lipid ve glisemik kontrolün sağlanması hipertrigliseridemiye bağlı pankreatit için alınacak profilaktik önlemlerdir (53). GAP gastroenterolog, cerrah, radyolog ve kadın doğum uzmanı'nı içeren bir ekip tarafından multidisipliner bir yaklaşım ile yönetilmelidir (55,66).

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