

Bölüm 24

GEBELİK VE ADRENAL HASTALIKLAR



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Adrenal hastalıklar; Cushing Sendromu (CS), Addison Hastalığı (AH), Feokromasitoma, Primer Hiperaldosteronizm (PHA), ve Konjenital Adrenal Hiperplazi (KAH) olup gebelikte nadiren görünmektedirler. Bu hastalıklar fetal ya da maternal morbidite ve mortaliteye neden olabildikleri için tanı tedavisindeki gecikmeler kritik öneme sahiptir. Gebelikte adrenal hastalıkların görülme sıklığı düşüktür. Ancak bu hastalıklar maternal ve fetal ölümle sonuçlanabileceğinden zamanında tanı konması hayati önem taşımaktadır.¹

Gebelikte adrenal bozuklukların teşhisi zordur çünkü gebelikte ilişkili semptomlar adrenal hastalıklarda da görülebilmektedir.

Ek olarak; fetal-plasental ünite, maternal endokrin fonksiyonlarını ve hormonal geri bildirim mekanizmalarını etkiler ve gebelik sırasında Renin-Anjiyotensin-Aldosteron (RAAS) sisteminde çeşitli değişikliklere neden olur.^{1,2} Makalenin amacı gebelikte adrenal hastalıkların klinik bulguları, patofizyolojisi, tanı ve tedavisini derlemektir.

GEBELİKTE NORMAL HİPOTALAMO-HİPOFİZER-ADRENAL AKS FİZYOLOJİSİ

Adrenal Steroidogenezis

Gebelik, Hipotalamo-Hipofizer-Adrenal aks (HHA) fonksiyonlarının artışı ile ilişkili bir durumdur. Fetoplasental ünite de bulunan yüksek steroidojenik kapa-

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izlenmelidir.⁷⁰ Maternal hormon konsantrasyonları laboratuvara özgü referans aralıkları bağlamında değerlendirilmelidir.⁷¹ Serbest testosteron konsantrasyonları, hamilelik için yüksek normal aralığı hedeflenmelidir. Glukokortikoid replasmanı, prednizolon veya hidrokortizondan oluşmalıdır, çünkü deksametazon plasental 11b-HSD 2 tarafından inaktive edilmez ve bu nedenle fetal adrenal basılanmaya ve düşük doğum ağırlığına neden olabilir.⁷⁰

Doğum sancuları ve doğum sırasında anneye, stres durumlarda olduğu gibi, yüksek dozda hidrokortizon verilmelidir.⁷⁰ Özellikle dış genital organları rekons-trüktif cerrahi geçirenler için elektif sezaryen doğum düşünülmelidir. KAH'lı kadınlar sıklıkla, sefalopelvik uyumsuzluk ve distosi riskini artıran android pelvis özelliklerine sahiptir.⁷⁰

Dış genital bölgelerin maskulinizasyonuna dair az sayıda rapor olmasına rağmen, bu sorun çok nadir görünmektedir ve KAH'lı kadınlardan doğan kızlar genellikle etkilenmez. Aslında, plasenta metabolik bir bariyer görevi görür ve maternal testosteron ve androstenedionun plasental aromatisasyonu yoluyla fetal maternal androjenlere maruziyeti azaltır. Fetal korumaya katkıda bulunabilecek diğer maternal faktörler, artan seks hormonu bağlayıcı globulin konsantrasyonları ve progesteronun potansiyel antiandrojenik etkileri nedeniyle biyoyararlanabilen testosteronda azalma içerir.⁶⁹

SONUÇLAR

Gebelikte adrenal bozukluklar yaygın değildir ve gebelikte ilişkili birçok belirti ve semptom adrenal hastalıklarda da görüldüğü için teşhis edilmesi zor olabilir. Ek olarak, hamilelik, RAAS ve HPA ekseninin aktivasyonu dahil olmak üzere çeşitli endokrin değişikliklerle karakterizedir. Nadir olmasına rağmen, gebelikteki adrenal bozukluklar, tanınmaz ve tedavi edilmezse önemli fetal ve maternal mortalite ve morbidite ile ilişkilendirilebilir. Bu koşulların daha erken tanınması ve tedavisi, fetüs ve anne için sonuçları iyileştirecektir.

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