Bölüm 14

PREEKLAMPSİ GÜNCEL BİYOBELİRTEÇLERİ VE YENİ MEKANİZMALAR

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Preeklampsi, daha önce hipertansiyon tanısı almamış olanlarda, gebeliğin 20. haftasından sonra, hipertansiyon ve proteinüri veya proteinüri şartı olmaksızın hipertansiyon ve buna eşlik eden end-organ disfonksiyonu ile karakterize, multisistemik progresif bir hastalıktır. Hastalığa, plasental ve maternal vasküler disfonksiyon neden olur ve doğumdan sonra geriler. Vakaların % 80'inden fazlasında iyi maternal ve fetal sonuçlar olmasına rağmen, bu gebelikler maternal ve/veya fetal mortalite veya ciddi morbidite açısından hâlâ yüksek risk altındadır. Kalan olguların %20'si, preterm doğum riski altındadır. Preeklampsili kadınlar uzun vadede kardiyovasküler, böbrek ve kronik hipertansif hastalıklar açısından risk altındadır.(1)

2013'te, The American College of Obstetricians and Gynecologists (ACOG) , massif proteinüri ve intrauterin gelişme kısıtlılığını kriterlerden çıkartmıştır. ACOG'un güncel yayınında daha önce şiddetli preeklampsi olarak tanımlanan olgular, şiddetli özellikler içeren preeklampsi olarak değiştirilmiştir.(1)

Preeklampsi, dünyada maternal ve fetal/ neonatal mortalite ve morbiditenin önde gelen nedenlerindendir (1).Preeklampsi riski yüksek olan hastaların erken teşhisi bu nedenle obstetrinin önemli hedeflerden biridir(2).

Çok hassas ve spesifik fizyolojik ve biyokimyasal belirteçlerin mevcudiyeti, sadece risk altındaki hastaların tespitini sağlamaz aynı zamanda bu hastaların yakın izlemi, kesin tanısı ve zamanında müdahale ile oluşabilecek komplikasyonlarıda en aza indirebilir.

Preeklampsi, gelişmiş ülkelerdeki gebeliklerin% 2-5'inde görülürken acil bakımın yetersiz olduğu gelişmekte olan ülkelerde bu oran gebeliklerin % 10'una ulaşabilmektedir (1).

Risk altındaki hastaları tespit etmek ve izlemek böylece en iyi antepartum bakımı sağlamak için preeklampsi klinik tablosu görülmeden önce tanıya izin verebilecek, yaygın olarak uygulanabilir ve uygun fiyatlı bir teste ihtiyacımız bulun-

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