Bölüm 16

SERVİKAL YETMEZLİK VE TEDAVİSİ

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Servikal yetmezlik, servikste gebeliği miada kadar destekleyecek fonksiyonel yada mekanik desteğin olmaması durumudur.1658'de Cole ve Culpepper tanımladığından beri, obstetride pek az konu servikalyetmezlik kadar tartışmalı olmustur(1). Serviks, gebelik ve doğum süresince muazzam değişimlerin olduğu bir organdır. Serviks ekstasellüler matriksin tip 1 ve 2 kollajen, elastin, proteoglikanlardan olustuğu, sellüler kısmını düz kas ve damarların olusturduğu fibröz bir dokudur. Gebelik süresince, serviksin ekstrasellüler ve intrasellüler matrikslerinde pek çok biyokimyasal kaskad ve stromada inflammatuar hücre birikimi olmaktadır(2,3). Bu kompleks yeniden –şekillenme sürecindeki herhangi bir bozukluk, erken servikal açılmaya ve bu nedenle abortus ve preterm eylemlere neden olabilmektedir.

Servikal yetmezlik klasik olarak ağrının eşlik etmediği, servikal dilatasyon nedeniyle 3 ya da daha fazla midtrimester düşükler olarak tanımlanmıştır(4). Tüm gebeliklerin % 0.5- %1'inde görülmekte ve genellikle %30'unda rekürrens olmaktadır (5). Daha önce spontan preterm eylem öyküsü olan ve mevcut tekil gebeliğinde servikal uzunluğu 25 mm'den kısa olan olgular servikal yetmezlik olarak adlandırılır ve insidansı yaklaşık olarak %3-4 kadardır(6).

İkinci trimester düşük hikayesi olan hastaların yeni gebeliklerinde kısa servikse sahip olup olmadıklarıyla ilgili herkesçe kabul edilmiş bir eşik değer belirlenmesine ve böylelikle servikal yetmezlik yönetiminde yeni stratejiler geliştirilmesine ihtiyaç vardır. Ancak, serviksin yapısı etnisiteye göre oldukça değişkenlik göstermekte ve bu da yapılan çalışmaların güvenilirliğini olumsuz etkilemektedir.

Servikal yetmezlik etyolojisi halen net bir şekilde belli olmamakla beraber, servikal laserasyon, servikal intraepitelyal lezyonların tedavisi, jinekolojik prosedürler için aşırı servikal dilatasyon, Marfan ya da Ehler Danlos gibi kollajen hastalık varlığı, Müllerian bozukluklar gibi pekçok neden mekanik serviks yetmezliği yapmak-

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