

ERKEN DOĞUM KOMPLİKASYONLARINA BAĞLI KANAMA

7 BÖLÜM

DOI: 10.37609/akya.852.c497

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| GİRİŞ

Postpartum kanamalar dünya genelinde maternal morbidite ve mortalitenin en önemli sebeplerindendir. İnsidansı ülkelere göre değişiklik göstermekle birlikte genel olarak doğumların %1-5' i arasında görülmektedir (1). Doğum sonrası ilk 24 saat içerisinde gerçekleşen kanamalar primer (erken), 24 saat ile 12 haftaya kadar olan süre içerisindeki kanamalar ise sekonder (geç) postartum kanama olarak adlandırılır. Bu bölümde erken postpartum kanama sebeplerinden plaseenta retansiyonu ve uterin inversiyon konuları ele alınacaktır.

| PLASENTA RETANSİYONU

Tanım

Doğumun üçüncü evresi bebeğin doğumundan, plasentanın ekspulsiyonuna kadar olan süre olarak tanımlanmıştır. Plaseenta retansiyonu, doğumun üçüncü evresinde plasentanın 30 dakika içinde spontan ayrılmaması ya da tamamen çıkarılamamasıdır (2). National Institute for Health and Care Excellence (NICE) rehberine göre ise tanının, üçüncü evrenin aktif yönetilmesi durumunda 30 dakika, ekspektan yaklaşılması durumunda da 60 dakika sonra konulması önerilmektedir (3).

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mcg oral/sublingual/rektal), *dinoproston* (20 mg supozitivar vajinal/rektal), *metilergonovin* (0,2-0,5 mg im 2-6 saat aralıklarla max. 4 doz) (55,56).

Antibiyotik profilaksisi yapılmalı: Endometrit profilaksisi amacıyla tek doz birinci kuşak sefalosporin (sefazolin) uygulanması önerilmektedir. Penisilin alerjisi olanlarda klindamisin ve gentamisin kombinasyonu kullanılabilir (57).

Reinversiyon

İnversiyon düzeltildikten sonra tekrarlama riski düşüktür. Reinversiyon tedavisinde yapılması gerekenler, ilk düzeltme işleminde yapılanlarla aynıdır. Kronik ve tekrarlayan uterin inversiyon durumunda abdominal serklaj, balon tamponad ve hemostaz sütürlerinin başarılı olduğunu gösteren vaka bildirimleri mevcuttur (58-60).

Komplikasyonlar

İnversiyonun en sık karşılaşılan komplikasyonu postpartum kanamadır (%38). Olguların %22'sinde kan transfüzyon ihtiyacı oluşur. Hastaların büyük kısmında manuel yerleştirme başarılı olsa da, %6'sında laparotomi gerekli olmaktadır. Histerektomi gereksinimi oldukça nadir olup (%2-3) uterus nekrozu, peritonit veya kontrol edilemeyen kanama varlığında yapılır. Erken tanı ve hızlı müdahale sayesinde günümüzde maternal mortalite çok nadirdir (37).

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