



BÖLÜM 2

GEBELİKTE HİPERTANSİF BOZUKLUKLAR

Silvi SHAH
Çeviri: Yasemin COŞKUN YAVUZ

Hipertansiyon, her on gebelikten birinde görülen ve gebeliklerin %10'unu komplike hale getiren, en sık görülen tıbbi gebelik hastalığıdır [1,2]. Amerika Birleşik Devletleri'nde hipertansif bozukluklar, anne ölümlerinin %10-15'ine katkıda bulunan, gebelikle ilişkili maternal ve perinatal morbidite ve mortalitenin önde gelen nedenlerinden biridir [3,4]. Gebeliğin hipertansif bozuklukları, Amerikan Obstetrisyenler ve Jinekologlar Derneği (ACOG) kılavuzlarında belirtildiği gibi dört gruba ayrılabilir: Kronik hipertansiyon, preeklampsi, kronik hipertansiyon zemininde preeklampsi ve gestasyonel hipertansiyon [1,2]. Beyaz önlük hipertansiyonu ek kategorisi, *International Society for the Study of Hypertension in Pregnancy* (ISSHP) kılavuzlarına dahil edilmiştir [5]. Gebeliğin her hipertansif bozukluğu anne ve yenidoğan mortalite ve morbidite riskini artırır; bununla birlikte preeklampsi, en büyük riskle ilişkilidir [6,7]. Bu nedenle, komplikasyonları önlemek için zamanında tanı ve uygun tedavi şarttır.

TANISAL KRİTERLER

Hipertansiyon

Gebelikte hipertansiyon, sistolik kan basıncının ≥ 140 mmHg veya diyastolik kan basıncının ≥ 90 mmHg olması olarak tanımlanır ve en az 20 dakika arayla ölçülmeli ve doğrulanmalıdır. Kan basıncı ideal olarak, istirahatte ve kol kalp seviyesinde tutularak, uygun büyüklükte bir manşon kullanılarak üst koldan alınmalıdır. Cıvalı tansiyon aleti ölçüm için altın standart olmasına rağmen, birçok ayaktan tedavi ünitesinde rutin olarak kullanılmayabilir. Otomatik bir cihaz kullanıldığında, özellikle hamile popülasyonda her zaman valide edilmelidir [2].



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