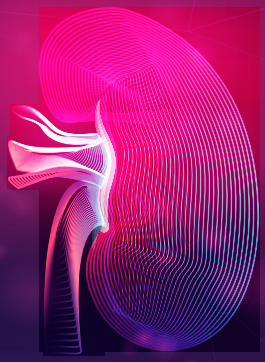

BÖLÜM 3

GEBELİKTE PREEKLAMPSİ VE BÖBREK HASTALIĞI: OBSTETRİK PERSPEKTİF

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Gebeliğin hipertansif bozukluklarının sınıflandırılması ilk olarak 1972 yılında Amerikan Kadın Hastalıkları ve Doğum Kurulu (ACOG) tarafından tanıtıldı ve Ulusal Yüksek Tansiyon Eğitim Programı Çalışma Grubu'nun 1990 ve 2000 raporlarında değiştirildi [1,2].

Gebelikte hipertansiyonun dört kategorisi bulunmaktadır.

- Gestasyonel hipertansiyon
- Preeklampsi- Eklampsi
- Kronik hipertansiyon
- Kronik hipertansiyonla birlikte süperempoze preeklampsi

Preeklampsi, proteinüri varlığında gestasyonel yaşın 20. haftasından sonra kan basıncı yükselmesi olarak tanımlanır. Tanı en az 4 saat arayla en az iki kan basıncı ölçümünde, sistolik kan basıncının 140 mmHg veya üzerinde ya da diyastolik kan basıncının 90 mmHg veya üzerinde olması ile konulur. Proteinüri, 24 saatlik idrar toplamada 300 mg'dan fazla olması veya spot idrar protein/kreatinin oranının en az 0,3 olması olarak tanımlanır. 2013 yılında, ACOG tarafından toplanan kurul tanı kriterlerini daha da güncelledi ve tanıyı koymak için proteinüri gereksinimini ortadan kaldırdı [3].

Bu değişiklikler, bu hastalığın sendromik doğasına uygun olarak yapılmıştır. Proteinürinin yokluğunda, preeklampsi hipertansiyona eşlik eden trombositopeni (trombosit sayısı 100.000/mikroliterden az), karaciğer fonksiyonlarının bozulması (karaciğer transaminazlarının kan seviyesinin normal konsantrasyonun iki katına yükselmesi) renal yetmezliğin yeni gelişimi (1,1 mg/dL'den yüksek serum kreatinin veya diğer renal hastalıkların yokluğunda serum kreatinin düzeyinin iki katına çık-

larda yönetim açısından önemli ölçüde farklılık göstermez, ancak sıvı durumu ve magnezyum toksisiteleri konusunda dikkatli bakım gerekir. Hastalığın patofizyolojisini daha iyi anladıkça hem önleme hem de tedavinin gelişmesi beklenmektedir.

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