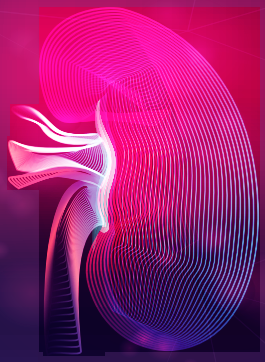

BÖLÜM 5

LUPUS GEBELİĞİNDE BÖBREK DEĞİŞİKLİKLERİ

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Sistemik lupus eritematozus (SLE) olan hastalarda gebelik kadın hastalıkları ve doğum uzmanına, romatoloğa ve nefroloğa farklı zorluklar yaşatabilir. Eskiden, kötü doğum sonlanımları ve gebelik ilişkili ciddi hastalık aktivasyonu bildirimleri nedeniyle SLE olan kadınlarda gebelik önerilmezdi. Ancak son yıllarda, farkındalığın artması ve yakın takip sayesinde gebelik kayıpları %40'lardan %5'lere kadar geriledi (ortalama %10-25) [1–6]. SLE gebeliklerinde bildirilen %10-15 erken gebelik kayıp (<20 hafta) oranları normal popülasyonla benzer olmasına rağmen, >20 haftalık gebelik kayıp oranları genel popülasyona göre on kat, %5, daha sık görülmektedir (%0,5-1 güncel CDC verisidir) [7]. Lupus gebeliğinde olan immünopatolojik değişiklikleri anlamaya yönelik devam eden çalışmalar sayesinde risk faktörlerinin azaltılması ve sonlanımın iyileştirilmesi hedeflenmektedir.

Sistemik lupus eritematozus gebelikleri, bebek ve anne ilişkili birçok kötü sonlanım için risklidir. Bebek ilişkili kötü sonlanımlar (1) gebelik kayıpları (spontan abortus, 20.haftadan önce düşükler ve anne karnında ölümler veya 20. gebelik haftasından sonra ölü doğumlar), (2) erken doğum (37. haftadan önce doğum), (3) intrauterin büyüme geriliği, (4)onuncu yüzdelik dilimden düşük ağırlık olarak tanımlanan düşük gebelik ağırlığı, (5) erken membran rüptürü şeklindedir. SLE gebeliklerinde sıklıkla görülen anne ilişkili kötü sonlanımlar hipertansiyon, preeklempsi, eklampsi ve HELLP sendromudur.

Yeni verilere göre SLE tanısından önceki 2 yıla kadar bile kötü gebelik sonlanımlarına rastlanılmaktadır [8]. Hatta SLE hastalarında gebelik planlaması öncesi son 6-12 aylık süreçte yüksek lupus aktivasyonu olması, kötü gebelik sonuçlarına belirgin şekilde sebep olmaktadır [9-13]. Tam tersi, SLE aktivasyonu olmayan ve kötü gebelik sonlanımı için belirgin risk faktörleri taşımayan hastalarda gebelik komplike

LUPUS NEFRİTİ GEBELİĞİNDE DİYALİZ VE NAKİL KONULARI

Diyalizde ve böbrek naklinde gebelik nadir olarak nitelendirilirken diyaliz ve nakil takibindeki gelişmeler, doğurganlık oranlarını ve başarılı gebelikleri artırmaktadır [88]. Hasta diyalize başladıktan sonra SLE aktivitesi azalmaya başlar [89] ve nakil sonrasında kronik immünsupresif tedaviye bağlı lupus atak sıklığı azalır. Nakil sonrası gebelikler başarılıdır ancak düşükler, preeklampsi, düşük doğum ağırlığı ve erken doğum gibi birçok anne ve yenidoğan komplikasyonları artmaktadır. Ancak altta yatan hastalık mı ilaçlar mı kötü sonlanıma katkı sağlıyor bilinmemektedir [90].

Geleneksel olarak nakil sonrası 1-2 yıllık süreçte yüksek akut rejeksiyon riski ve immünsupresif tedavinin maksimum düzeyde olması gerekliliği nedenleri ile gebelik ertelenmelidir [91–94]. Dokuz hastalık küçük bir vaka serisinde nakil sonrası SLE hastalarının 5'inde düşük tespit edildiği bildirilmiştir [93]. Aktif SLE durumunu gösteren seropozitif bir hastada ise hiçbir komplikasyon yaşanmadan gebelik başarılı bir şekilde tamamlanmıştır [93]. Böbrek nakli sonrası SLE hastalarında diğer sebeplerle nakil olan hastalarınkine benzer şekilde gebelik, bebek ve böbrek sonlanımları benzer bulunmuştur [94].

SONUÇ

Özet olarak, SLE hastalarında, lupus nefritinde ve AFS hastalarında gebelik yönetimi komplekstir ve gebelik öncesi dönemde anne ve bebek riskleri iyice değerlendirilerek tedavi düzenlemeleri yapılmalıdır. Romatolog, nefrolog ve yüksek riskli gebelik kadın doğum uzmanın yer aldığı bir bölümler arası işbirliği ve tüm gebelik boyunca devam eden yakın takiple, tedavi planı dikkatli bir şekilde çizilmelidir.

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