



## BÖLÜM 11

# GEBELİKTE AKUT BÖBREK HASARI

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### GENEL BİLGİLER

Akut böbrek yetmezliğinin yerini almış bir terim olan akut böbrek hasarı (ABH); dünyanın birçok yerinde kötü maternal sonucun sık görülen bir nedeni olmaya devam etmektedir. Gebelik ilişkili ABH insidansı 20.000 gebelikte 1'den [1] 50 gebelikte 1'e [2] kadar geniş bir aralıkta değişmektedir. Tanımlanmış tek bir kriterin olmaması, laboratuvar testlerinin gebelikte gelişen fizyolojik değişikliklere bağlı etkilenmesi ve etiyolojik faktörlerdeki bölgesel farklılıklar gibi birçok faktör bu değişikliğe katkı sağlamaktadır. Sıklıkla, gebelik öncesi serum kreatinin (SKr) değeri mevcut değildir. Bununla birlikte günümüzde kabul edilen genel popülasyondaki ABH tanımının tanısal doğruluğu konusunda çok sınırlı bilgi olması da gebelik ilişkili ABH'nın erken ve doğru tanısında sorun oluşturmaktadır.

Gebelik ilişkili ABH'nın global insidansında azalma olmasına ve gebelikte genel olarak ABH'nın az sıklıkta izlenmesine rağmen Amerika Birleşik Devletleri ve Kanada'dan gebelikte ABH sıklığında şaşırtıcı bir artış olduğu rapor edilmiştir [3]. Genel popülasyonda kullanılan RIFLE (Risk, Hasar, Kayıp, Son dönem böbrek hastalığı) kriterleri, 2007 ABH Network (AKIN) kriterleri ve KDIGO (*Kidney Disease Improving Global Outcomes*) kriterleri serum kreatinin değerindeki küçük artışların ne kadar önemli olduğunu göstermektedir. İleri anne yaşı ile beraber daha fazla sayıda komorbidite olması, tanı eşiğinin düşük tutulması ve daha fazla test yapılması ABH sıklığında tespit edilen artışa neden olabilir [4, 5].

Tanıdaki olası yanılma payı bir diğer çalışma ile desteklenmiş; kronik böbrek hastalığı ve kronik hipertansiyonu olan gebelik ilişkili ABH dışında böbrek yerine koyma tedavisi (RRT) ihtiyacında artış olmadığı rapor edilmiştir [6]. Bu çalışmada diabetes mellitus, preeklampsi ve kronik hipertansiyon gibi risk faktörlerinde artışın ABH sık-



## SONUÇ

Gebelik ilişkili ABH, önemli fetal ve maternal morbidite ile ilişkilidir. Gebeliğin hipertansif bozuklukları ve komplikasyonları, özellikle HELLP sendromu, gebelik ilişkili ABH'nın önde gelen nedenidir. Önceden böbrek hastalığı olan kadınlarda gebelik sırasında böbrek fonksiyonlarının kötüleşmesi siktir ve preeklampsiden ayırıcı tanısını yapmak zor olabilir. Bu iki durumda tedavi seçenekleri tamamıyla farklı olması (gebeliğin erken sonlandırılması veya bazı preeklampsi vakalarında erken doğum endikasyonu olması) ikilem yaratmaktadır. KBH tanısı olan kadınlarda konsepsiyon öncesinde gebeliğin maternal veya fetal riskinin kabul edilemeyecek yüksek riskte olup olmadığının değerlendirilmesi gerekir. Hastalık aktivitesinin değerlendirilmesi, müdahalede bulunulması ve fetüse en az zarar verebilecek ilaçların ayarlanması için bir fırsattır. Gebelik ilişkili TMA, gebelik ilişkili ABH'nın klinik olarak zorlayıcı bir nedenidir. Gebelik ilişkili TMA ve preeklampside altta yatan farklı mekanizmaların anlaşılması bu hastaların daha iyi yönetilmesini sağlamıştır.

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