



BÖLÜM 12

GEBELİKTE KRONİK BÖBREK HASTALIĞI

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Gebelikte kronik böbrek hastalığı (KBH) birçok zorluğa neden olur. Genel popülasyonda gebeliğe karşı normal fizyolojik tepkiler olarak kabul edilen değişiklikler, KBH'lı gebe kadınlar için artık normal değildir. Gebeliğe uyumsuzluk, orta-şiddetli böbrek yetmezliği olan gebe kadınları böbrek fonksiyonlarında geri dönüşü olmayan ilerleyici azalma riskine yatkın hale getirir; gebe popülasyona özgüdür. Altta yatan KBH etiyojisinden bağımsız olarak, maternal/fetal sonuçlar ile altta yatan böbrek yetmezliğinin derecesi arasında bir ilişki görünmektedir. Gebeliğe özgü normal fizyolojik değişiklikleri anlamak, böbrek hastalığı olan hamile kadınlara en uygun bakımı sağlamada çok önemlidir.

GEBELİĞE BAĞLI DEĞİŞİKLİKLER; BÖBREK FONKSİYONU NORMAL OLAN KADINLARDA VE KBH'LI KADINLARDA

Normal böbrek fonksiyonları olan hamile kadınlarda, maternal hemodinamik değişiklikler 6. haftadan itibaren fark edilir. Kalp debisi neredeyse normalin %40-50 üzerinde artar ve sistemik vasküler direnç azalır. Plazma hacmi (PV) %40-50 oranında genişlerken, kırmızı kan hücre (RBC) kütlesi normalin sadece %18-30 oranında artar. Bu durum hematokritte düşüğe ve gebeliğin fizyolojik anemisine neden olur. Gebelikte kan hacmi ve kardiyak outputta artışa rağmen, sistemik kan basıncı (KB) önemli ölçüde azalır (Tablo 12.1).



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