

COVID-19 PANDEMİSİ SIRASINDA OBSTETRİK-JİNEKOLOJİK HASTALARIN YÖNETİMİ

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GİRİŞ

Tüm dünyayı derinden etkilemekle beraber Koronavirüs enfeksiyonunun obstetrik ve jinekolojik uygulamalar açısından kadın hastalıkları ve doğum disiplninde pandemi döneminde yönetimi ayrı bir önem taşımaktadır.

A- Gebelikte COVID-19 yönetimi

Koronavirüs enfeksiyonu (COVID-19) ilk kez Aralık 2019'da Çin'de raporlanmış ve daha sonra buradan başka yerlere yayılarak pandemi haline gelmiştir[1-3].

Çoğu koronavirüs enfeksiyonu hafif olmasına rağmen daha önce raporlanan bir takım koronavirüs enfeksiyonlarında %10 ve % 37 gibi mortalite oranları bildirilmiştir[5-10].

Gebelikte kadınlar, viral enfeksiyonlara ve bunların yarattığı birçok komplikasyona duyarlı hale gelirler. Gebelikteki bir takım fizyolojik deęi-

şikliklere baęlı olarak gebelerin solunum yolunu etkileyen viral enfeksiyonlar ciddi hastalık geliřtirmelerine yol açabilir. Daha önce görülen İnfluenza A alt tipi H1N1 virüs enfeksiyonunda toplam hastaların %1'inin gebeler olduęu ve yine bu enfeksiyona baęlı ölümlerin %5'inin yine gebelerde meydana geldięi belirtilmiştir[11]. Öte taraftan, daha önceki ciddi koronavirüs enfeksiyonlarında mekanik ventilasyon gereksinimi, yoğun bakım ünitesinde (YBU) takip gereksinimi, böbrek yetmezlięi ve aynı zamanda ölüm gibi ciddi komplikasyonların geliřtięi raporlanmıştır[9,10]. Gebelerde koronavirüs enfeksiyonuna baęlı mortalite oranı yaklaşık olarak %25'tir[9]. COVID-19 hastalıęının etkeninin de SARS ile aynı virüs ailesinden olması gebelerde SARS ile benzer klinik yanıtı neden olabileceęini düşündürmekle beraber gebelerin COVID-19'a daha duyarlı oldukları veya ciddi akcięer enfeksiyonu geliřtirmeye daha yatkın olduklarına dair řu an için elde bir kanıt yoktur[12].

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- Anne ve bebeğin ayrı tutulması ile emzirmenin ne derece güvenli olduğuna dair şu an için elde yeterli kanıt mevcut değildir.
- Pandemi esnasında hiçbir şekilde geciktirilmemesi gereken cerrahi durumlar şunlardır: Dış gebelik, spontan abort, adneksiyal torsiyon, rüptüre veya konservatif tedaviye cevap vermeyen tuboovarian apse, sezaryen, acil serklaj (pelvik muayene ve USG bulgusu olan)
- Dernekler, infertilite tedavileri ve üremeye yardımcı tedavilerin pandemi döneminde, mevcut başlanmış tedavilerin bitirilmesini takiben yeni tedavi sıkluslarına başlanmamasını ve ertelenmesini önermişlerdir.

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