

BÖLÜM 32

DİRENÇLİ POSTPARTUM HİPERTANSİYON VE ÖDEM GELİŞİMİNDE ARTMIŞ TUZ DUYARLILIĞI, GÖZDEN KAÇAN BİR DURUM

Muammer AVCI ¹

GİRİŞ

Gebeliğin hipertansif hastalıkları (GHH) hekimlerce farkındalığı yüksek bir konu iken postpartum hipertansiyon ya da postpartum preeklampsi/eklampsi tanı ve takibi gözden kaçabilmektedir (1). GHH; gestasyonel hipertansiyon, preeklampsi ve eklampsi olarak tanımlanmaktadır (2). Doğum eylemi bu durumların esas tedavisi olarak kabul edilmekte, doğum sonrası hastanın kan basıncı genellikle 48. saatte normale dönmektedir (3, 4). Bu da hastanın kolayca taburcu edilmesine ve postpartum olayların gözden kaçmasına neden olabilmektedir (5). Fakat GHH'a sahip hastaların taburcu olduktan 72 saat sonra tekrar kan basıncının yükselmeye başlayabileceği bilinmelidir (5). Sonrasında hastalar aile hekimliği, iç hastalıkları, kardiyooloji ve nefroloji gibi birden fazla polikliniğe başvurabilmektedirler (6). Postpartum hipertansiyon, postpartum preeklampsi/eklampsi ve komplikasyonların neden olduğu semptomlar aylarca hatta bir yıla kadar varan süre devam edebilmektedir ve hastalara da bu yönde bilgi verilmelidir (6). Burada 10 haftalık lohusanın ödem ve hipertansiyonunun doğum öncesindeki gibi devam etmesi nedeniyle birden fazla polikliniğe başvuru sonucunda nefroloji kliniğine yönlendirilmiştir. Tedaviye başlandıktan kısa süre sonra şikayetleri ve belirtileri gerilemiştir. Bu olgu sunumu ile postpartum hipertansiyonun fizyopatolojisi, tanısı, takip ve tedavisi özetlenerek farkındalığı arttırılmak istenmiştir.

¹ Uzm. Dr., Isparta Şehir Hastanesi, Nefroloji Kliniği, glomerul07@gmail.com, ORCID ID: 0000-0001-6539-4061

KAYNAKLAR

1. Kusumaningrum T, Nursalam N, Triharini M, Soares D. Postpartum care for hypertension prevention in women with a history of preeclampsia: A systematic review. *Pedimatern Nursing Journal*. 2025;11(1):63-75.
2. Wisner K. Gestational hypertension and preeclampsia. *MCN: The American Journal of Maternal/Child Nursing*. 2019;44(3):170.
3. Redman C. Hypertension in pregnancy: the NICE guidelines. *Heart*. 2011;97(23):1967-9.
4. Walters B, Thompson M, Lee A, De Swiet M. Blood pressure in the puerperium. *Clinical science (London, England: 1979)*. 1986;71(5):589-94.
5. Katsi V, Skalis G, Vamvakou G, Tousoulis D, Makris T. Postpartum hypertension. *Current hypertension reports*. 2020;22(8):58.
6. Podymow T, August P. Postpartum course of gestational hypertension and preeclampsia. *Hypertension in pregnancy*. 2010;29(3):294-300.
7. Davison JM. Edema in pregnancy. *Kidney international Supplement*. 1997;59:S90-6.
8. Desai DK, Moodley J, Naidoo DP. Echocardiographic assessment of cardiovascular hemodynamics in normal pregnancy. *Obstetrics and gynecology*. 2004;104(1):20-9.
9. Elsheikh A, Creatsas G, Mastorakos G, Milingos S, Loutradis D, Michalas S. The renin-aldosterone system during normal and hypertensive pregnancy. *Archives of gynecology and obstetrics*. 2001;264(4):182-5.
10. Pauli JM, Repke JT. Pitfalls with the New American College of Obstetricians and Gynecologists task force on hypertension in pregnancy. *Clinical obstetrics and gynecology*. 2017;60(1):141-52.
11. Saudan P, Brown MA, Buddle ML, Jones M. Does gestational hypertension become pre-eclampsia? *BJOG: An International Journal of Obstetrics & Gynaecology*. 1998;105(11):1177-84.
12. Okikiade A, Kanu C, Iyapo O, Omitogun O, Adetoye R, Adetoye S, et al. Revised Pathophysiology of Pregnancy-induced Hypertension (Pre-eclampsia): A Multisystemic Spectrum of the Maternal Complications. *International Journal of Research and Reports in Gynaecology*. 2025;8(1):176-95.
13. Khan F, Belch JJ, MacLeod M, Mires G. Changes in endothelial function precede the clinical disease in women in whom preeclampsia develops. *Hypertension (Dallas, Tex : 1979)*. 2005;46(5):1123-8.
14. Gyselaers W. Hemodynamic pathways of gestational hypertension and preeclampsia. *American journal of obstetrics and gynecology*. 2022;226(2):S988-S1005.
15. Sibai BM. Etiology and management of postpartum hypertension-preeclampsia. *American journal of obstetrics and gynecology*. 2012;206(6):470-5.
16. Goel A, Maski MR, Bajracharya S, Wenger JB, Zhang D, Salahuddin S, et al. Epidemiology and mechanisms of de novo and persistent hypertension in the postpartum period. *Circulation*. 2015;132(18):1726-33.
17. Gillis EE, Williams JM, Garrett MR, Mooney JN, Sasser JM. The Dahl salt-sensitive rat is a spontaneous model of superimposed preeclampsia. *American Journal of Physiology-Regulatory, Integrative and Comparative Physiology*. 2015;309(1):R62-R70.
18. Martillotti G, Ditisheim A, Burnier M, Wagner G, Boulvain M, Irion O, et al. Increased salt sensitivity of ambulatory blood pressure in women with a history of severe preeclampsia. *Hypertension*. 2013;62(4):802-8.
19. Nishimoto M, Griffin KA, Wynne BM, Fujita T. Salt-sensitive hypertension and the kidney. *Hypertension*. 2024;81(6):1206-17.
20. BD R, TW. P. *Clinical Physiology of Acid-Base and Electrolyte Disorders*. the Ed, ed. New York McGraw-Hill; 1994 2001. 272-4 p.
21. Guyton AC. Blood pressure control—special role of the kidneys and body fluids. *Science*. 1991;252(5014):1813-6.

22. Balafa O, Kalaitzidis RG. Salt sensitivity and hypertension. *Journal of human hypertension*. 2021;35(3):184-92.
23. Butler HM, McCrorey MK, Palygina L, Lacey R, Van Beusecum JP. Salt-sensitive hypertension: role of endothelial and vascular dysfunction and sex. *Frontiers in Pharmacology*. 2025;16:1565962.
24. Matthys LA, Coppage KH, Lambers DS, Barton JR, Sibai BM. Delayed postpartum preeclampsia: an experience of 151 cases. *American journal of obstetrics and gynecology*. 2004;190(5):1464-6.
25. Obstetricians ACo, Gynecologists. Hypertension in pregnancy. Report of the American College of Obstetricians and Gynecologists' task force on hypertension in pregnancy. *Obstet Gynecol*. 2013;122:1122.
26. Drugs AAoPCo. Transfer of drugs and other chemicals into human milk. *Pediatrics*. 2001;108(3):776-89.
27. ME, Malecha SE, Cha AJ. Angiotensin converting enzyme inhibitors (ACEIs) and angiotensin II receptor blockers (ARBs) and lactation: an update. *Journal of Human Lactation*. 2000;16(2):152-5.
28. Hup RJ, Damen JA, Terstappen J, Haneveld MJK, Terstappen F, Magee LA, et al. Oral antihypertensive treatment during pregnancy: a systematic review and network meta-analysis. *American journal of obstetrics and gynecology*. 2025.
29. Liedholm H, Melander A, Bitzen P-O, Helm G, Lönnerholm G, Mattiasson I, et al. Accumulation of atenolol and metoprolol in human breast milk. *European journal of clinical pharmacology*. 1981;20(3):229-31.
30. Hup RJ, Paauw ND, Lely AT, Depmann M. Oral antihypertensive agents and diuretics in the management of hypertension in postpartum women: a systematic review and meta-analysis. *BMJ open*. 2024;14(12):e086208.
31. Roberts ET, Quist-Nelson J, Brotkin EJ, Salehi M, Chauhan SP, Sibai BM, et al. Postpartum Diuretics for Hypertensive Disorders of Pregnancy: A Systematic Review and Meta-analysis. *Obstetrics & Gynecology*. 2022;10.1097.
32. Cagino K, Prabhu M, Sibai B. Is magnesium sulfate therapy warranted in all cases of late postpartum severe hypertension? A suggested approach to a clinical conundrum. *American Journal of Obstetrics and Gynecology*. 2023;229(6):641-6.
33. Saha PK, Sheokand S, Dhaliwal L, Bagga R, Saha L. Abbreviated 12-Hour Postpartum Magnesium Sulphate Therapy is Equally Effective and Safer Than Standard 24-Hour Therapy in Preeclampsia With Severe Features: Results From A Randomized Controlled Trial. *Journal of Family & Reproductive Health*. 2025;19(1):31.