

Advanced Pregnancy with Thoracopagus Twins

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ISSN: 2976-1050 (Online)

ISSN : 2976-1042 (Print)

Received : 15 Feb, 2023

Accepted : 25 Mar, 2023

Online Access



DOI: 10.59881/jpeson21

Funding Source : None

Conflict of Interest : None

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ABSTRACT

Conjoint twins, also known as Siamese twins, is a complex monozygotic twin resulting from incomplete division of embryo between 13 to 15 days of fertilization, thoracopagus being one in which two bodies are fused from the upper thorax to lower belly in anterior midline, sharing sternum, diaphragm, upper abdominal wall, liver, heart and pericardium; pregnancy usually being terminated as described herewith.

Keywords: Conjoint twins, Pregnancy termination, Thoracopagus

INTRODUCTION

Conjoint twins, also known as Siamese twins, a complex form of monozygotic twins arises with incomplete division of embryo between 13 to 15 days of fertilization and occurs in 1.5 per 100000 deliveries.¹ Joining of conjoint twins may begin at either pole and produce characteristic form depending upon which parts are fused, sharing of extremities, spine, vascular supply, vital organ like brain, liver and heart. Thoracopagus is common type of conjoint twin in which both twin fetuses are fused in anterior midline usually sharing sternum, diaphragm, upper abdominal wall, liver, pericardium (90%), heart (75%) and sometime intestine.^{1, 2} Described herewith is a diagnosed case of Thoracopagus conjoint twin weighing 400 gm, delivered after medical induction to a multipara.

CASE

A 20 years G2P1 with history of normal vaginal birth one and half years ago and first antenatal visit was at five months of pregnancy, at 26 weeks of pregnancy was referred with the diagnosis of twin pregnancy. Uterine fundal height was of 28-weeks size in abdominal examination. Routine prenatal blood and urine tests were normal. Ultrasound examination revealed intrauterine twin pregnancy showing fusion in anterior midline. Chest cavity consisting of a single four chambered heart in midline and a single hepatic artery. Cranium, vertebra, all four limbs were grossly normal. Medical termination of pregnancy was planned after counselling. Mifepristone 200mg orally, followed 24 hours by misoprostol 100 mcg vaginally four hours apart and total two such dosages

procured delivery of 400 grams of thoracopagus conjoint twin with two bodies fused from the upper thorax to lower belly. [Figure-1]



Figure 1. Conjoint twin -thoracopagus

DISCUSSION

This case with first antenatal visit around mid-pregnancy with the diagnosis of twin pregnancy, was further evaluated and detected to be a case of thoracopagus, a form of conjoint twin, that was medically aborted without any complication.

Roughly ultrasonographic diagnosis of conjoint twin has been made as early as eight weeks of pregnancy.³ Usually therapeutic abortion/pregnancy termination is opted, whenever surgical separation appears futile involving doubtful prognosis.⁴ Application of 3D ultrasonography, fetal echocardiogram and MRI may provide accurate

Citation

Chaudhary AN, Baral G. Advanced pregnancy with thoracopagus twins. J. Per. Soc. Nepal. 2023;02(01):47-48.
DOI: 10.59881/jpeson21

information to decide whether pregnancy may be continued in case surgical separation can be opted later on after birth.⁵

Conjoint twin pregnancies despite being rare is also challenging mandating appropriate management and decision making that consists of multidisciplinary approach by experienced skilled healthcare professionals, whether or not to allow pregnancy continuation, thus letting or avoiding new-born either to live with or without surgical separation.

CONCLUSION

Early antenatal diagnosis of conjoint twin in case of twin pregnancy must be borne in mind repeating sonogram if needed to rule out doubts so that suitable approach can be undertaken.

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