

Title: CONJOINED TWINS IN TRIPLET PREGNANCY - A RARE OBSTETRIC DILEMMA



INTRODUCTION

Conjoined twins are a rare and serious complication of monochorionic twins. The incidence is 1.5 per 1,00,000 births and about 50% are live-born. Conjoined twinning in triplet pregnancies are extremely rare with an incidence of less than 1 in a million deliveries. Common triplet pregnancies are monochorionic triamniotic, trichorionic triamniotic, dichorionic triamniotic and only 2% are dichorionic diamniotic. Conjoined twins in DCDA triplet pregnancies are extremely rare.



CASE REPORT

21 year old primi gravida, conceived by ovulation induction with no other comorbidities was detected to have, DCDA triplets, conjoined twins - thoracopagus with shared heart at 16 weeks of gestation. As the prognosis for conjoined twins with single heart is remote, she underwent fetal reduction of conjoined twin at 16 weeks of gestation. Then she was under regular follow up. She presented at 26 weeks of gestation with preterm labour pain and expelled reduced conjoined twins – thoracopagus, with its placenta. She was sent home under antibiotic coverage after the expulsion and the remaining single live intrauterine pregnancy continued. Growth scan at 28 and 34 weeks were normal. She was admitted at 38 weeks, in view of spontaneous labour pain and underwent emergency LSCS due to Fetal distress, delivering a healthy male baby weighing 2550gm. Post op period was uneventful.

DISCUSSION

Thoracopagus is the most common conjoined twin with an incidence of 42%. Prenatal screening and diagnosis is usually by USG. MRI can be used to assist in diagnosis

if necessary. Surgical separation is the only treatment after birth. Thoracopagus conjoined twins are least likely to be separable because of shared cardiac structure.

Since there are limitations in successful separation after birth, early selective termination of the conjoined twins should be done to improve the perinatal outcome.

CONCLUSIONS

Conjoint twinning in DCDA triplet pregnancies is an extremely rare and complex obstetric scenario, requiring careful antenatal diagnosis, and individualized management

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