



## A RARE CASE OF TRIPLET EXTRACTION

Dr. Rita D

Professor and HOD, Navodaya medical college and research centre Raichur.

Dr Pallavi Sourya K  
A\*Junior Resident, Navodaya medical college and research centre Raichur.  
\*Corresponding Author

## ABSTRACT

The incidence of triplet is raising several hundred percent due to wide availability of fertility therapies which is around 24%. It is associated with different perinatal and maternal complications. At present incidence of twins is 1 in 250 pregnancy and triplets being 1 in 10,000 pregnancy. In present case report a 22 year old female with gravid 2 para 1 with trichorionic and triamniotic triplet gestation conceived spontaneously had regular ANC visits with all ANC profile. At 32 weeks of period of gestation, she went into labour and emergency lower segment Caesarean section was done extracted three preterm babies, triplet 1 female weighing 1758 grams, triplet 2 male of 1.33gms and triplet 3 female of 1.104gms and PPH drugs were kept before hand. Three resuscitation teams were kept ready to receive the babies. Babies were asphyxiated at birth and were successfully resuscitated. There was no evidence of foetofetal or foeto-maternal transfusion and no external congenital anomaly was found in them.

## KEYWORDS :

## INTRODUCTION

Incidence of multiple gestations has increased in recent past due to frequent use of ovarian stimulant drugs such as clomiphene and gonadotropins for treatment of infertility.<sup>[1]</sup> Amongst multiple pregnancies, estimated incidence of twins is 1 of 86, triplets 1 of 86<sup>2</sup> and quadruplets 1 of 86<sup>3</sup> and so on, which is called Helin's law.<sup>[2]</sup> Clomiphene increases the occurrence of dizygotic pregnancies by 5 to 10%<sup>[2,3]</sup>. Perinatal mortality rate for twins and triplets is as high as 4 to 11 times that of singleton. The term "Triplets" is used when three babies are born to a mother at one time. Twin deliveries are quite common but triplets are rare. One such case is reported here and related problems discussed. It's a rare case since patient had conceived spontaneously without any artificial reproductive technique neither had family history in both maternal and paternal side.

## Case Report

A 22 year old booked case of gravida 2 para 1 with 2 months of amenorrhea diagnosed with triplet gestation in her dating scan who conceived spontaneously and had regular ANC visits with ANC profile in our hospital. There was no family history of twins or triplets and her ante-natal period was uneventful. Prophylactic betamethasone coverage was done at 32 weeks. Patient reported to the out patient department with respiratory distress at 32 weeks of gestation and was advised sonological work up and patient was admitted.

General examination- patient is moderately built and nourished, afebrile, no pallor, b/l pedal edema and abdominal wall edema present (Fig-1), BP-110/70mmhg, PR-72bpm, Systemic examination-CVS/RS/CNS- normal Per abdomen examination

Symphysiofundal height- corresponds to 36 weeks of gestation with flanks full

Fundal grip-  
Umbilical grip- } multiple fetal parts felt  
Pelvic grip-

Auscultation-3 FHR heard at 3 different points

## Investigations

Hb-10.9g  
Platelet-5.4 lakhs  
Total count - 11400 cells/cumm  
Blood -B positive  
Serology-non reactive



Figure 1: Abdominal wall edema

Ultrasonography (Fig-2) revealed three live fetuses with vertex presentation, transverse and breech presentation respectively. On third day of admission, she went into labour and emergency lower segment Caesarean section was done extracted three preterm babies (Fig-3), triplet 1 female weighing 1758 grams, triplet 2 male of 1.33gms and triplet 3 female of 1.104gms and PPH drugs were kept before hand. Three resuscitation teams were kept ready to receive the babies. Babies were asphyxiated at birth and were successfully resuscitated. There was no evidence of foetofetal or foeto-maternal transfusion and no external congenital anomaly was found in them.



Figure 2: Ultrasonography showing intrauterine triamniotic trichorionic gestation

The first of the triplet had separate placenta, where as second and third one had fused placenta with separate chorion and amnion (Fig-4)



Figure3: Triplet Preterm Babies



Figure:4 Triamniotic And Trichorionic Placenta



Figure 5:5 month old triplets

1. Williams textbook of obstetrics 26<sup>th</sup>
2. Nelson WE, Behraman RE, Kliegman RM, Arvin AM. *Multiple pregnancies in Nelson text book of Paediatrics*. 15th ed. Prism Books; Bangalore: 1996. pp. 453-454.
3. Dawn CS. *Text book of Obstetrics and Neonatology*. 10th ed. Dawn Books; Calcutta: 1987. High Risk Pregnancies; pp. 407-409.
4. Pursley DM, Slark AR. *Manual of Neonatal care*. 3rd ed. Little Brown and Company; London: 1991. Multiple gestation; pp. 104-108.
5. Singh Meharban. *Care of New bom*. 4th ed. Sagar publications; New Delhi: 1991. Haematological problems; pp. 335-336.
6. Sanders RC. *Clinical Sonography- A Practical guide*. 2nd ed. Little Brown and Company; Boston: 1991. Obstetric Sinology; pp. 124-126.
7. Benson RC. *Current Obstetric and Gynaecologic Diagnosis and Treatment*. 4th ed. Lange Medical Publications; California: 1982. Multiple pregnancy; pp. 755-763.

## DISUSSION

Real time ultrasonological examination is the key diagnostic tool for confirmation of diagnosis and can be done as early as five to six weeks of gestation<sup>(5)</sup>. Simultaneous birth of three pre term babies is a challenge to medical attendants as well as to parents.

Antenatal diagnosis helps in the preparedness for their successful management. Congenital malformations are more common in triplets and twins as compared to singletons. The common congenital anomalies reported are vertebral ,anorectal tracheoesophageal , renal and cardiac defects<sup>(6)</sup>.

The incidence of foeto-foetal and foeto-maternal transfusion is as common as 15 to 50%, where donor baby is born anaemic and may even require blood transfusion<sup>(7)</sup>. The triplets reported by us had none of these problems.

## CONCLUSION

Early detection, good regular ANC helps in detection and monitoring of complications like abortion ,preterm labour, preeclampsia ,anemia, PPH, cardiac failure etc, awareness of nutrition to mother and preterm care energetic resuscitation and neonatal care under the supervision of a neonatologist produce rewarding outcome and good prognosis in triplts. The prematurity problems include hypothermia, hypoglycaemia hyaline membrane disease, apnoea of prematurity, feed intolerance and hyperbilirubinaemia. Normal delivery in such pregnancies, have high chances of interlocking of foetuses, knotting of cords, delayed delivery of second and third babies causing hypoxia may jeopardize foetal outcome and hence Caesarean delivery may be better to overcome these problems.

## REFERENCES