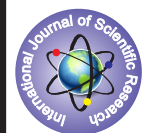


locked twins-a rarity**Gynaecology****KEYWORDS:** locked twins, monochorionic monoamniotic twins,**Dr. Shushila Kharkwal**

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ABSTRACT

Locked twins usually occur when the after-coming head of the first breech fetus is locked with the head of the second cephalic fetus. A case of locked twins delivered by caesarean section is reported with one twin surviving. patient was an unbooked case and had undiagnosed twin pregnancy with head arrest of first twin in obstructed labour. Fetal morbidity and mortality can be avoided in such situations by identifying the potential cases, radiological diagnosis and timely done caesarean section.

Introduction

Locked twins usually occur when the after-coming head of the first breech fetus is locked with the head of the second cephalic fetus. This complication of twin delivery occurs rarely 1 in 90,000 deliveries or 1 in every 1000 twin deliveries. We report a rare condition of an unbooked case of interlocked twins in advanced second stage of labour with obstructed labour.

Case report

An unbooked third gravida patient was referred from district women's hospital and admitted to labour ward of MLB Medical College, Jhansi, with complaint of labour pains following 9 months of pregnancy, with a fetus hanging outside the introitus with head arrest. She had two living issues delivered vaginally at home. There was no history of prolonged labour or operative interference in past. There was no past history or family history of twin pregnancy. She did not remember her date of last menstrual period but gave history that she had completed 9 months of pregnancy. At time of admission, she looked apparently healthy with mild pallor, pulse rate 70/min and BP-120/80 mmHg. On per abdominal examination, strong uterine contractions were present and bandl's ring was formed at the level of umbilicus. It was also revealed on per abdominal examination that she was having twin pregnancy. While the first twin which was hanging outside the introitus was already dead, the second twin which was in utero at that time, was alive with cephalic presentation and was having severe bradycardia. Patient was immediately shifted for caesarean section to save the second baby. During surgery, the head of the second twin was disimpacted and delivered by abdominal route while the first dead twin was delivered vaginally followed by delivery of a single placenta and membranes, which on examination was found to be of monochorionic and monoamniotic type. Baby was handed over to the paediatrician. The baby cried after initial resuscitation and was admitted to neonatal intensive care unit. Both the babies were male with the first stillborn baby weighing 1.8kg and the second live baby weighing 2kg. Post-operative period was uneventful. At the time of reporting, the mother was healthy with no complications while the baby was admitted in NICU.

Discussion

Twin locking is an exceedingly rare complication that has a high fetal mortality and morbidity rate. It usually occurs when the first baby presents as breech and second one in cephalic presentation. predisposing factors are small babies, large pelvis, primigravida, oligohydramnios, uterine hypertonicity, and monochorionic monoamniotic twins. when the size of the babies is large, they tend to lock above the pelvic inlet and small twins lock after descent into the

pelvis. In twin locking, the inferior aspect of each twin's chin is apposed to each other in a vertical axis.

In recent years, the trend has been for greater use caesarean sections and ultrasound in managing twin deliveries. It rarely happens in current obstetric practice, since the presentation of both twins can be readily determined by ultrasound and caesarean section is routinely performed if first twin is in non-cephalic presentation. If vaginal delivery is attempted in interlocking twins, loss of first twin is common. The perinatal mortality of interlocking twins is about 50% with the presenting twin accounting for 80% of the perinatal deaths. Locking of twins is usually a late second stage diagnosis when difficulty is encountered in delivering the first twin. In this case, it was more difficult as the patient was an unbooked case and had undiagnosed twin pregnancy with head arrest of first twin in obstructed labour. Decision of caesarean section was taken in spite of dead first baby in the interest of saving the second baby.

Conclusion

The management of locked twins must be individualised. in our case, it was an unbooked case and presented late in labour. The first baby was already dead but second baby was saved due to immediate action. Fetal morbidity and mortality can be avoided in such situations by identifying the potential cases, radiological diagnosis and timely done caesarean section.

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