

A Case Report : Vaginal Delivery of Thoracoparaomphalopagus Conjoined Twins.



Gynecology

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ABSTRACT

Conjoined twin is one of the rarest variant of monozygotic pregnancy occurring due to partial division of the embryonic disc after the 13th-15th day of conception. We report a case of thoracoparaomphalopagus conjoined twin delivered vaginally to a 30 year old pregnant woman who came to emergency labour room with labour pain. She neither was ANC registered nor got her ultrasound done. Post-partum hemorrhage and other complications of unexpectedly delivery of conjoined twin was averted with meticulous delivery techniques. We want to conclude that thoracoparaomphalopagus conjoint twin is one of the rarest form of twin gestation. These mothers have great possibility of suffering from trauma and atonic post-partum hemorrhage. Such cases should be delivered preferably at tertiary care centres with all facilities available for saving maternal life. Obstetrics ultrasound at earliest before 20 weeks of pregnancy is mandatory to detect these anomalies and terminate then immediately to avoid further maternal complications.

Introduction:-

Conjoined twins is one of the rarest and challenging complication of monozygotic twin gestation. They comprise of 1 in every 200 identical twin pregnancies. The incidence ranges from 1 in 50,000 to 1 in 100,000 live births [1]. It is a form of twinning which is monozygotic (from one fertilized egg). Conjoined twins are of various types based on attached organs: craniopagus (cranium), thoracopagus (thorax), omphalopagus (abdomen), ischiopagus (pelvis) and cephalopagus (face). Thoracopagus is the most common type, 75% of conjoined twin are seen as thoracoomphalopagus [2]. Conjoined twins has got very high mortality and morbidity, hence early diagnosis and meticulous management of delivery is very vital. Ultrasound plays crucial role in early diagnosis and management. Conjoined twins with fused organs usually have incomplete development of their hearts, liver, intestines and urinary systems. Families with conjoined twins often have a family history of twinning [3].

Case Report :- A 30 year old pregnant woman gravid 3, para 2 came to emergency labour room with complaint of pain in abdomen since 4 hours. Patient was neither ANC registered nor her LMP was known. Patient didn't have any ultrasound scan report. Patient had no history of medical or surgical illness in past. She also had no history of twin gestation in her family. On physical examination, her vitals were stable. On obstetric examination, fundal height was full term, two fetal poles were palpable, multiple fetal parts were palpable but single heart sound was audible with stethoscope. On vaginal examination cervix was fully dilated and fully effaced. Membrane was absent. Liquor was clear. Presenting part was vertex. Station was at +1. Pelvis was adequate. Mediolateral episiotomy was given at crowning. Unexpectedly we delivered a thoracoparaomphalopagus conjoint twin uneventfully (Fig 1). Placenta and membranes were expelled spontaneously and completely. No post-partum hemorrhage occurred. Perineal and uterine injuries were ruled out. Episiotomy was sutured in layers. Post delivery ultrasound scan of conjoined twin showed single heart (Fig 2).



Fig 1:- Thoracoparaomphalopagus conjoined twins.

Fig 2:- Ultrasound scan of conjoined twin after delivery showing single heart

Discussion:- Two theories have been proposed to explain conjoined twinning. First asserts incomplete fission of single embryonic disc occurring 13-15 days after ovum is fertilized [4]. Spencer proposed a second theory that fertilized ovum divide completely into two embryonic disc whose unusual proximity result in secondary fusion into conjoined twins as embryo enlarge. A similar theory is that conjoined twins arise from ectopic primitive streak. Most conjoined twin face each other. Complex anomalies of the heart and abdomen are often seen in thoracoparaomphalopagus conjoined twin [5,6,7]. Conjoined twins has got very high mortality and morbidity, hence early diagnosis and meticulous management of delivery is very vital. Ultrasound plays crucial role in early diagnosis and management.

Conclusion :-

Thoracoparaomphalopagus conjoint twin is one of the rarest form of twin gestation. Though these patient didn't have a problem during delivery, these mothers have great possibility of suffering from trauma and atonic post-partum hemorrhage. Such cases should be delivered preferably at tertiary care centres with all facilities available for saving maternal life. Obstetrics ultrasound at earliest before 20 weeks of pregnancy is mandatory to detect these anomalies and terminate then immediately to avoid further maternal complications.

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