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ARCHIVES OF SURGERY AND ALLIED

CASE REPORT

DICEPHALUS PARAPAGUS CONJOINED TWINS

ABSTRACT

Conjoined twins occurs in 1 in 50,000 to 1 in 2,00,000 fetuses with a male-female ratio of 1:3. Cases of conjoined twins occur so rarely that it is important to learn as much as possible from each case. Forty percent of the conjoined twins are still born and an additional one third die within 24 hours of birth. We present a case of undiagnosed still born, male, Dicephalusparapagus conjoined twins. Many congenital defects of interest can now be detected before birth. If our index case detected earlier during a properly monitored antenatal care, it may be possible to terminate the pregnancy and reduces the maternal morbidity.

Key word : Parapagus conjoined twins, dicephalus, congenital abnormalities, prenatal diagnosis

INTRODUCTION

The gemelariedade is a phenomenon resulting from the fertilization of two ova by two sperm (Dizygotic) or the targeting of an embryo resulting from fertilization of an egg by only one sperm (monozygotic). The study of conjoined twins is important because they may be diagnosed prenatally and may be surgically separable. Patterns of coalescence of the body plans seen in clinical practices are limited because, in most of the cases, early fetal demise occurs.

There are only two major methods of classification of conjoined twins: according to the orientation of the body axes and according to their degree of complete development. The usual types of conjoined twins are thoracopagus, xiphiopagus, pyopagus, craniopagus and ischiopagus.

We report an undiagnosed case of conjoined twins in second stage of labour followed by discussion of presentation.

CASE REPORT

The patient was a 30 years old woman, G3P2 +0 unbooked referred from Mithi hospital in second stage of labour. She had an amenorrhea of 9 months however LMP was not sure. She was a resident of a village near Salam kot, Thar. She did not visit any doctor, nor had any antenatal ultrasound due to lack of health care facilities in her village. The pregnancy, which was carried to term, remained uneventful. Her past medical and social history was not contributing. Her obstetrical history included two consecutive term pregnancies delivered at home, both were alive and healthy. There was no family history of multiple gestations and no any history of drug intake.

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On 1st April 2011 at midnight she developed labour pains and she went to private clinic at Salam Kot, where after 3 hours, head of leading fetus along with 3 upper limbs delivered vaginally but body fails to deliver. The presence of 3 upper limbs outside the introitus leads to the diagnosis of multiple gestation. After a 2 hour trial she has been referred to Mithi District Hospital where again extraction of body tried and due to failure she referred to Liaquat University of Medical and Health Science (LUMHS), and reached here after 10 hours. On Physical examination she looked anaemic, dehydrated, fatigued. Pulse was 93 b/m, blood pressure was 100/70 mm Hg and she was a febrile. On abdominal examination abdomen was enlarged due to gravid uterus. Lie of the second twin was oblique and head felt in Right iliac fossa. Uterine contractions were mild and in frequent. Fetal heart sounds were absent and signs of rupture excluded. On vaginal examination vulva was edematous and cyanosed head of leading twin along with the three upper limbs presented out of vagina. Cervix felt to be stretched all around the body. Provisional diagnosis of compound presentation was made. Patient has been hydrated and catheterized. Obstetrical ultra sound was done by resident sonologist which shows second twin with cephalic presentation and absent heart activity. No anomaly detected. After administration of broad spectrum antibiotics and blood arrangements, she was prepared for emergency caesarean section. During surgery bladder was mildly edematous and after lower segment uterine incision difficulty found in delivering the second twin. Body felt to be enlarged and head or lower limbs of any fetus are not reachable. Uterine incision expanded but due to encountered difficulty, decision of decapitation of partially vaginally delivered fetus taken and after that body delivered with difficulty. A 3 cm tear extended at 1 o’clock position in uterus which was stitched and estimated blood loss was 1000 ml. After birth twins were found to be diccephalusparapagus conjoined twins with two heads, single trunk with three upper limbs (trirachus), four legs with independent male external genitalia. Combined weight was 5.3 kg. Her post operative period remained well but she became depressed due to the traumatic delivery and adverse fetal outcome. She was discharged on 7th post operative day and follow up after 1 month advised.

**DISCUSSION**

Extensive literature review on the subject showed that there is more than a thousand case reports and few publication case series which impedes both further reading and understanding of what action to take against the phenomenon. Conjoined twins are particularly important because they may be diagnosed prenatally and can be surgically separable. The separation of conjoined twins presents a challenge to surgeons and also a test for comprehensive efficiency of a hospital. A review of the literature identified that the anomalies of organs are related closely with the connection region. Conjoined twins show extensive sharing of the common viscera. The placenta of conjoined twins is always monochorionic there may be a single cord from the placental surface that may divide before inserting into the twins or two cords that may originate separately and fuse close to the infant. A single umbilical artery is common, but not universal. In our case, the placenta was monochorionic and the umbilical cord was single. Birth of all conjoined twins at advanced gestational age, occurs through the abdominal route, due to technical difficulties for the extraction of children joined together. In our case, we also expanded the uterine incision. This condition added risk for the mother to future pregnancies and have committed her reproductive health. With the advent of high resolution ultrasonography conjoined twins can be picked up as early as the 8th week of gestation and with ultrafast magnetic resonance imaging, evaluated for possibility of postnatal survival. However, most of these facilities are lacking in many of our country’s institutions. Moreover, many of the patients don’t register for antenatal care due to poverty and being ill informed, as in our index case.

**REFERENCES**