



Thoracopagus Conjoined Twins: A Rare Case Report

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Abstract

Objective: *Conjoined twin is a rarely seen congenital anomaly together with severe mortality and morbidity. The more common types of conjoined twins include the thoracopagus type, where the fusion is anterior, at the chest, and involves the heart. We are reporting one case of conjoined twins.*

Case Report: *In a multigravida pregnant woman who has been admitted to our clinic in advanced labour and delivered conjoined twins after caesarian section.*

Introduction

Conjoined twins represent one of the rarest forms of twin gestation. They occur in roughly 1 in every 200 identical twin pregnancies and are always identical. The incidence ranges from 1 in 50 000 to 1 in 100 000 live births ^[1]. Because this situation carries high risk, early diagnosis and management of delivery is extremely important. ⁽²⁾ Approximately 40-60% of conjoined twins arrive stillborn, 35% survive only one day. The overall survival rate of conjoined twins is somewhere between 5 and 25%.

Case Report

A 35 years old women unbooked gravida 4 paralliving one, referred from Shopur as pre eclampsia to our hospital on 7 june 2015. .Her LMP was unknown and her period of gestation was 38 weeks.

O/H – First FTND 5 years old malechild,alive and healthy. 2 spontaneous abortion not f/b D and E. There was no history of twinning in the family.

O/E- Patient was average built and nourished. Her general physical and systemic examination was normal except pedal edema present. On per abdomen examination, uterus term size, cephalic presentation with regular FHR and obesity present. P/V Os 4 cm dilated,50% cervical effacement, membrane present, vertex at -3 station with pelvis adequate.

I/V- Hb 10 gm %, 0+ blood group, urine albumin trace with all LFT, RFT within normal limit. There was no USG report. Patient came in full dilatation after few hours but still presenting part high up. After one hour, there was no progress so decision for LSCS was taken, after informed consent. LSCS was done in usual way, conjoined twins dicephalic dibrachius parapagus IUD 3.75 kg at 9:05 pm extracted as breech on 7 june 2015.



Figure: 1 and 2

Discussion

Conjoined twins are classified according to the most prominent site of conjunction: thorax (thoracopagus), abdomen (omphalopagus), sacrum (pygopagus), pelvis (ischiopagus), skull (cephalopagus), and back (rachipagus). Depending on the aspect of the embryonic disc, the most common types are thoracopagus (19%) [3]. Its etiology is unknown, but an incomplete division of the zygote between 13th and 15th days after fertilization probably occurs [4]. The overall survival rate for conjoined twins is approximately 25% [5]. The condition is more frequently found among females, with a ratio of 3:1 [4]. Two theories have been proposed to explain this observation: the process of X-inactivation overlaps with the timing of monozygotic twinning and thus may directly contribute to development

of monozygotic twins, and the XX karyotype may confer a survival benefit [2].

Two contradicting theories exist to explain the origins of conjoined twins. The traditional theory is fission, in which the fertilized egg splits partially and conjoined twins represent delayed separation of the embryonic mass after day 12 of fertilization. The second theory is fusion, in which a fertilized egg completely separates, but stem cells (which search for similar cells) find like-stem cells on the other twin and fuse the twins together [4, 6, 7]. Conjoined twins share a single common chorion, placenta, and amniotic sac, although these characteristics are not exclusive to conjoined twins as there are some monozygotic but nonconjoined twins that also share these structures in utero [4, 6].

Early diagnosis of conjoined twins was previously reported, but not before the 10th week of gestation [8]. On careful transvaginal sonography and serial scanning, there appears to be an inability to separate between the anatomical parts of the fetuses. Once conjoined twins have been diagnosed, characterization of the type and severity of the abnormality can be performed with ultrasound, three-dimensional ultrasound, computed tomography, or magnetic resonance imaging [9, 10]. Termination of pregnancy can be offered to the family. In the present study, the diagnosis has been performed in the first trimester, and because the family has chosen termination of this pregnancy, further diagnostic intervention has not been considered. Surgery to separate conjoined twins may range from relatively simple to extremely complex, depending on the point of attachment and the internal parts that are shared. Most cases of separation are extremely risky and life-threatening.

In conclusion, conjoined twins are associated with a high perinatal mortality; therefore, making an early diagnosis with ultrasonographic examination of conjoined twins gives the parents a chance to elect pregnancy termination.

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