

Conjoined Twins in Triplet pregnancy: A case report and literature review

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Introduction / Objective

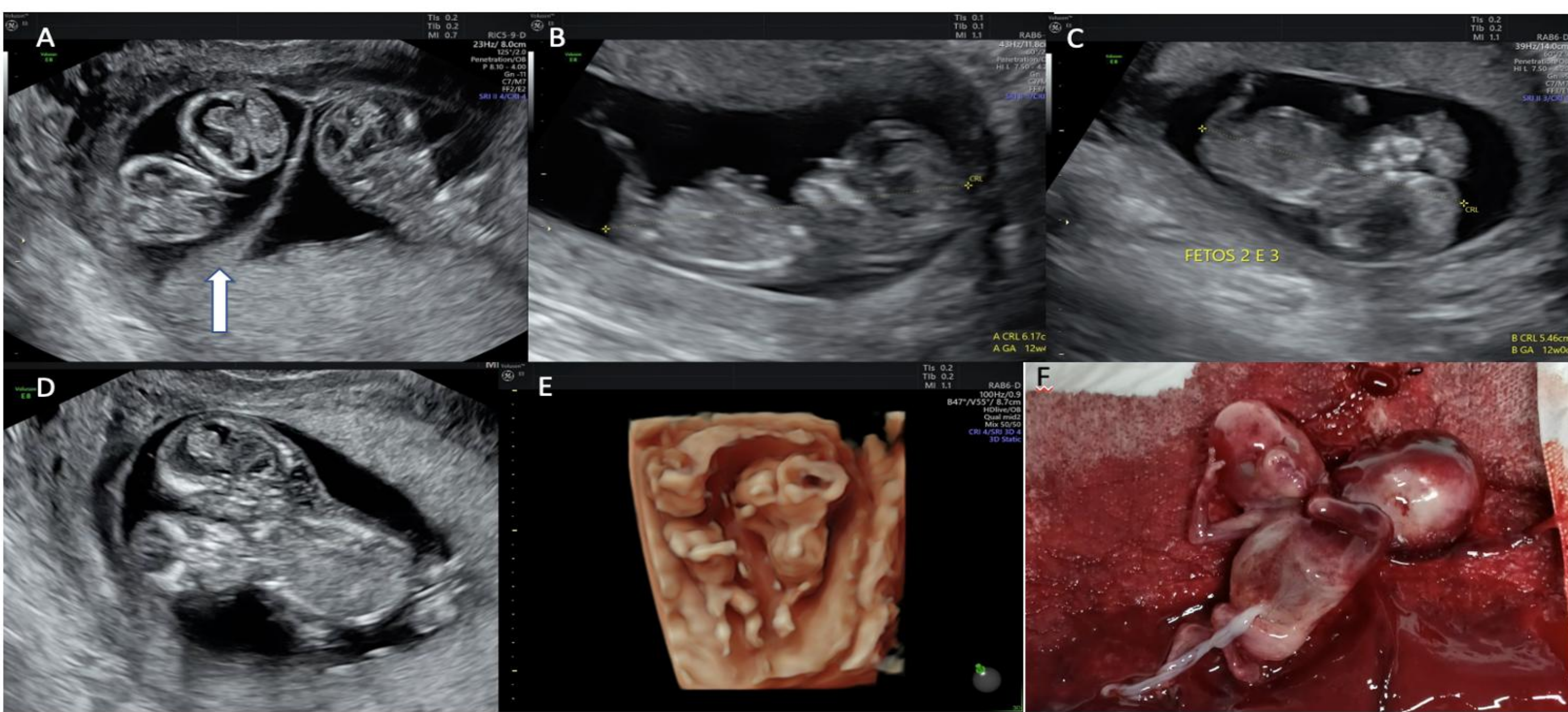
A conjoined twin is a condition that affects monozygotic and dizygotic twins in a triplet pregnancy, resulting in at least one body part being physically connected. Its incidence is extremely rare in triplet pregnancy, occurring in approximately 1 in every 1 million deliveries. It can be classified, according to Spencer’s classification, based on which part of the body is most prominently conjoined

Case report

36-year-old GIII, P II patient was referred for routine obstetric ultrasonography at 12 weeks of gestation. The examination revealed a dichorionic, diamniotic triplet pregnancy (Figure 1A). Fetus 1 appeared morphologically normal (Figure 1B). Fetuses 2 and 3 were conjoined twins with a parapagus dicephalus dibrachius configuration, fused at the thorax and abdomen, sharing a single heart (Andrew’s classification type D), liver, and two upper and lower limbs (Figures 1C, 1D, 1E). Given the poor prognosis and fetal inviability, the patient opted for early fetal reduction of the conjoined twins. At 14 weeks, spontaneous expulsion of the anomalous fetuses occurred (Figure 1E), with continued gestation of the morphologically normal fetus. However, two weeks later, the patient experienced pregnancy loss with the spontaneous expulsion of the remaining fetus.

Discussion/Conclusion

Conjoined twinning occurs in about 1.5 per 100,000 births. Dicephalic parapagus twins represent about 11% of those cases. Currently, the pathology of conjoined twins remains relatively unknown, with the fission, and fusion theories being the most widely accepted explanations. Diagnosis is usually made via ultrasonography, although MRI can also be used as an additional tool in certain cases. Management and further counseling should consider the parents’ socioeconomic context. Continuing the pregnancy without intervention can lead to further complications, including the death of the non-conjoined twin. Given the generally poor prognosis and low survival rate, early fetal reduction is often performed in these cases.



A - Presence of three cephalic poles indicating trigemellarity and the Lambda Sign (arrow) confirming a dichorionic twin pregnancy. **B** - CRL of fetus 1, morphologically normal. **C** and **D** - CRL measurements of fetuses 2 and 3, identifying thoracic fusion with shared cardiac structures and abdominal fusion with hepatic confluence. Only two lower limbs are observed. **E** - Three-dimensional evaluation demonstrating the three fetuses within the uterine cavity. **F** - Expelled fetuses confirming the abnormalities described on ultrasound.