

P 13.19 Type III Selective Growth Restriction(sFGR) in a Dichorionic Twin Pregnancy with Jelly-Like Placenta and Severe Preeclampsia: A Case Report.

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Objective: To describe a case of Type III sFGR in a dichorionic twin pregnancy associated to placental pathology.

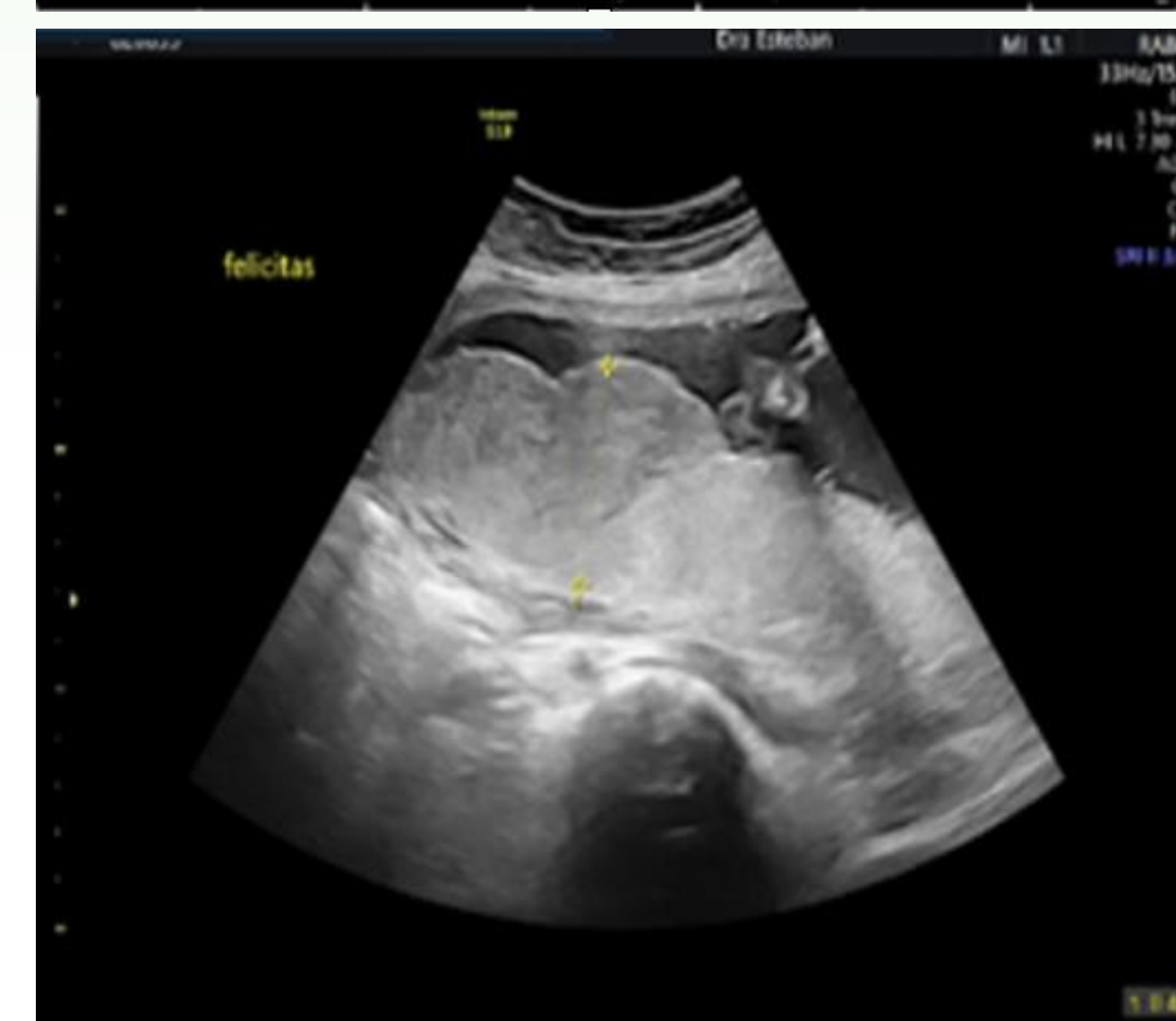
Case Report:

35-year-old woman (G2C1) with history of gestational hypertension in a previous pregnancy. Current pregnancy: dichorionic diamniotic twins, low risk for chromosomal abnormalities, no preeclampsia screening performed in T1
At 21 weeks, she was referred to our tertiary center for early-onset selective fetal growth restriction (sFGR). Ultrasound showed a 33.6% weight discordance (F1: 425 g; F2: 282 g), jelly-like placenta and severe oligohydramnios in Fetus 2, uterine artery PI >95th percentile, and a preeclampsia risk of 1/296 (FMF algorithm).

At 23.5 weeks, weight discordance increased to 40% with progressive Doppler deterioration in Fetus 2 → Type III sFGR. At 26 weeks, the patient developed hypertension (labetalol 600 mg/day; proteinuria: 0.85 g/24h).

By 28.3 weeks, she progressed to severe preeclampsia (proteinuria: 4.46 g/24h), Fetus 2 with reverse umbilical flow and DV-PI >95th; Fetus 1 remained eutrophic. Discordance 44%.

Following a multidisciplinary team decision, **Cesarean delivery** was performed after fetal lung maturation with betamethasone and neuroprotection with magnesium sulfate.



Outcome:

Fetus 1: alive, weight 1174 g (BW 64), Apgar score 7-8.

Fetus 2: alive, weight 494 g (BW 0), Apgar score 6-8.

Both were admitted to the NICU.

Fetus 1: **discharged at 56 days** of age, 3 days of ARM.

Fetus 2: **discharged at 110 days**, 43 days of ARM.



Histopathological examination confirmed a preterm dichorionic diamniotic placenta with signs of **maternal vascular malperfusion**, including increased perivillous fibrin deposition, numerous syncytial knots, accelerated villous maturation, and distal villous hypoplasia. Three old infarcts were identified in placenta B. Additional findings included **decidual arteriopathy** and chorioamniotic membranes without inflammatory changes.



Conclusions: Selective IUGR in twin pregnancies requires close surveillance. The presence of a **jelly-like placenta** should raise suspicion of severe placental insufficiency and associated complications, including preeclampsia. **Multidisciplinary management and timely delivery** decisions are crucial to improve outcomes, particularly for the normally growing twin

