



EP 10.40 Challenging cases of Intrauterine transfusion in twin pregnancies: A case series

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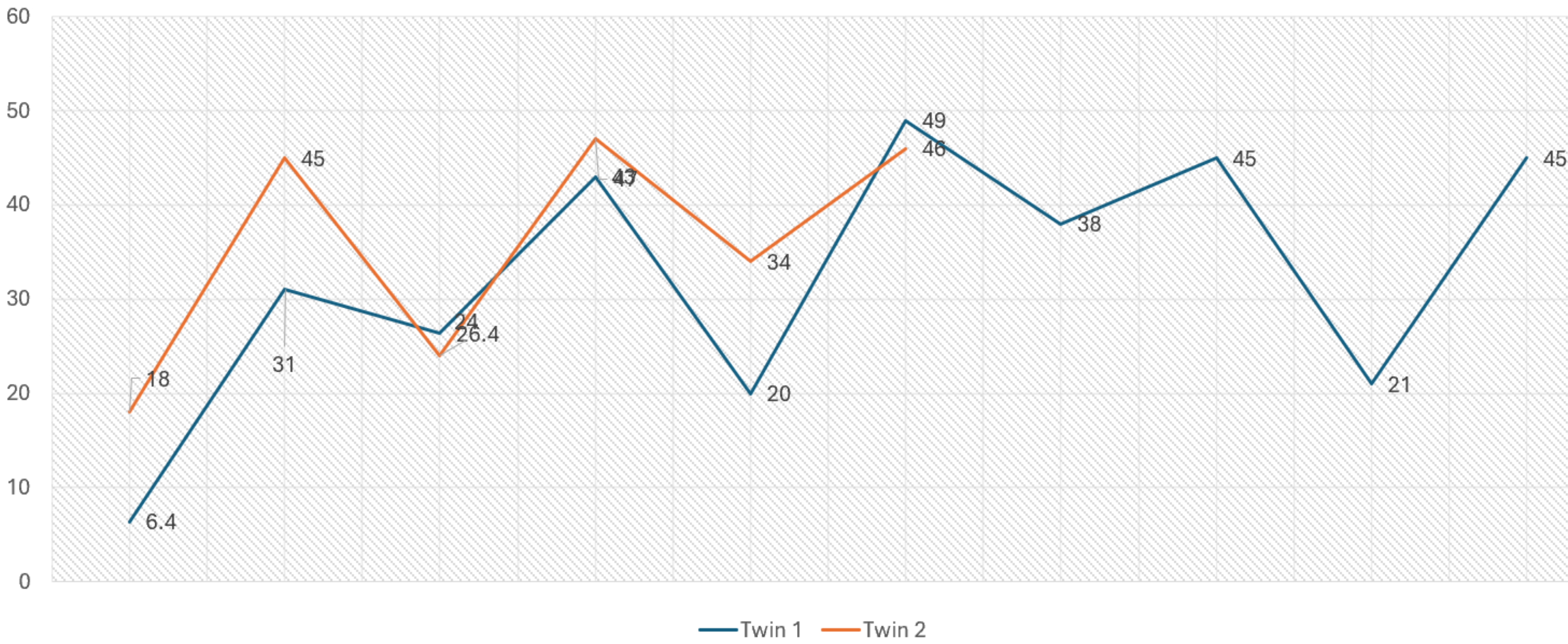
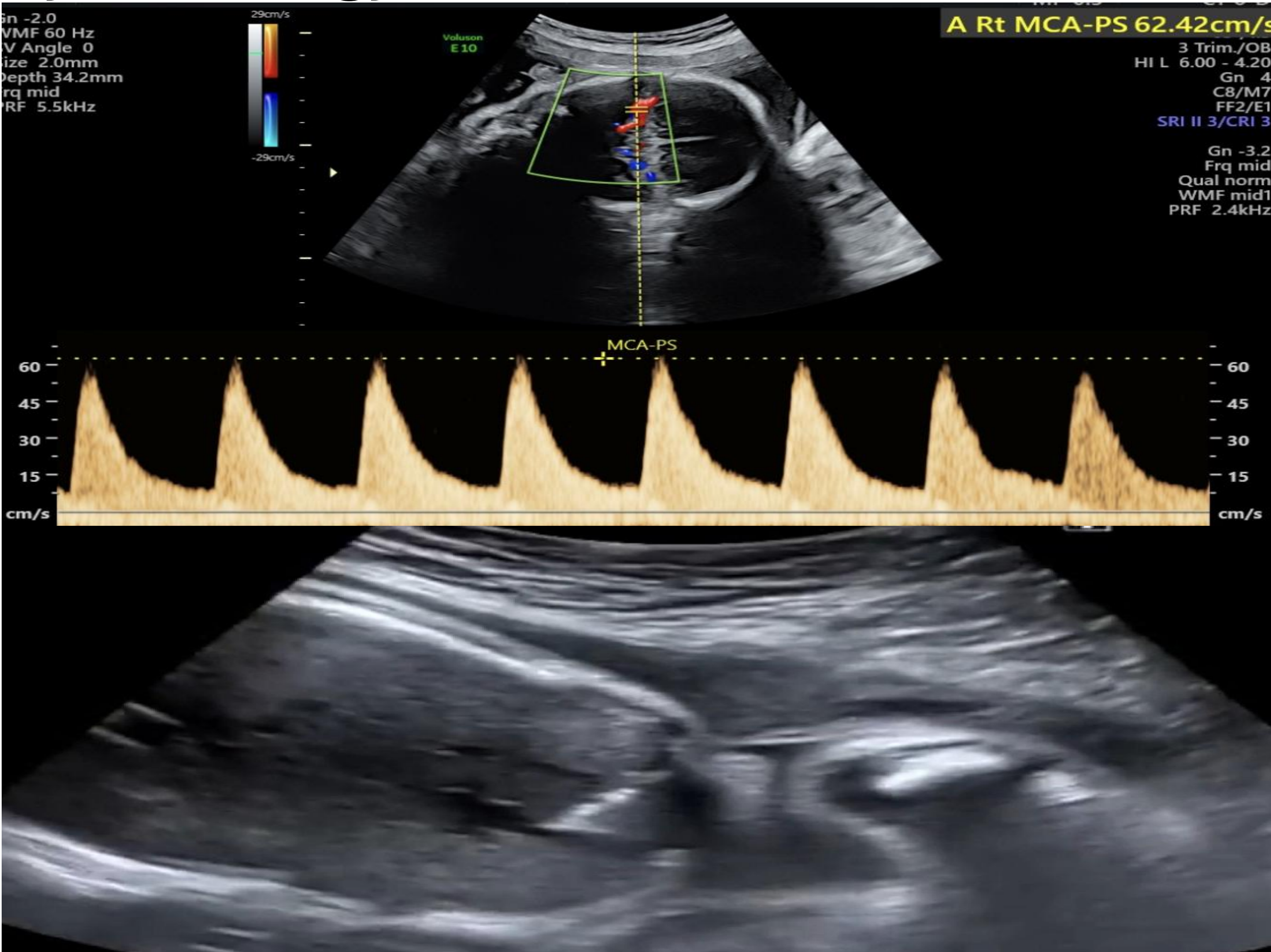
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Introduction: Intrauterine transfusion (IUT) is routinely given for treating fetal anemia, mostly in Rhesus alloimmunised pregnancies. This fetal therapy becomes more challenging in twin pregnancies with additional challenges, including accurate labelling of the twins, selecting the appropriate transfusion site, optimal needle positioning, and increased risk of preterm labor and membrane rupture. This study describes the challenges, techniques, and outcomes of IUT in twin pregnancies with Rh isoimmunization

Methodology

This case series describes five cases of twin IUT performed at a tertiary care centre in India. Data on conception type, gestational age at first IUT, number and route of transfusions, and pregnancy outcomes were collected



Results

Parameter	Findings
Total cases	5 (all diamniotic dichorionic)
Conception type	Spontaneous: 3 (60%); IVF: 2 (40%)
Pregnancies requiring IUT for both twins	4/5 (80%)
Total IUTs performed	24 in 9 fetuses (max 5 per fetus)
Median GA at first IUT	28 ² / ₇ weeks (range 24 ³ / ₇ –33 ³ / ₇)
Site of transfusion	Cord insertion: 7/9 (77.8%); Intrahepatic: 2/9 (22.2%)
Complications	None
GA at delivery	32–35 weeks
Neonatal outcome	100% take-home baby rate

Conclusion

IUT in twin pregnancies is challenging but effective, with good outcomes when performed by skilled specialists