



EP 10.40 Challenges in selective fetal reduction using radiofrequency ablation in triplet pregnancies



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Introduction: Performing radiofrequency ablation (RFA) for fetal reduction in triplet pregnancies presents unique technical and clinical challenges. This study aimed to describe the experience of performing RFA in triplet pregnancies at a tertiary care center in India.

Methodology A retrospective review of 9 triplet pregnancies undergoing selective fetal reduction with RFA between 2020-2024 was conducted. The procedural success, technical difficulties, and pregnancy complications were recorded.

Case	Chorionicity	Conception	Indication / Maternal condition	GA at RFA (wks+days)	Reduction to	Complications	GA at Delivery (wks+days)	Outcome
1	DCTA	IVF	None	16+5	DADC twins	FGR in one twin	36+2	Live birth (2)
2	DCTA	IVF	None	19+0	DADC twins	PPROM at 25 wks	33+2	Live birth (2)
3	DCTA	Spontaneous	None	18+6	DADC twins	Preterm labor	36+0	Live birth (2)
4	DCTA	IVF	Chronic hypertension	16+3	DADC twins	Preterm labor, FGR in one twin	31+1	Live birth (2)
5	MCTA	Spontaneous	TRAP sequence	17+1	DAMC twins	None	37+2	Live birth (2)
6	MCTA	Spontaneous	None	17+4	DAMC twins	Preterm labor	30+0	Live birth (2)
7	MCTA	IVF	None	16+3	DAMC twins	PV leak (sealed), Preterm labor	35+4	Live birth (2)
8	MCTA	Spontaneous	Nephrotic syndrome (maternal)	23+1 (double RFA)	Singleton	Preterm labor	28+0	Live birth (1)
9	MCTA	Spontaneous	TRAP + TTTS stage III	17+2 and 23+1 (two RFAs)	Singleton	PPROM at 36 wks	36+4	Live birth (1)

Conclusion RFA in triplet pregnancies, although technically challenging, demonstrated favorable outcomes, with successful procedures and no significant adverse maternal or neonatal outcomes in the present series