

EP12.35 Successful term delivery after first-trimester expulsion of one fetus in a twin pregnancy: a case report

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Introduction

Delayed-interval delivery (DID) prolongs the gestation of the remaining fetus after early delivery of one fetus in a multifetal pregnancy. No standardized management guideline exists for DID, and cases initiated in first trimester are extremely rare.

Case

A 37-year-old (G2P0) with an IVF-conceived dichorionic diamniotic twin pregnancy presented at 13+3 weeks of gestation after PPROM and expulsion of one fetus (30 g, with no gross anomalies). The remaining fetus showed normal cardiac activity and appropriate growth, without clinical or laboratory signs of infection.

Treatment

Conservative treatment, including prophylactic broad-spectrum antibiotics, folate supplementation, and close surveillance, was initiated. At 17+1 weeks of gestation, progressive cervical shortening with dynamic funneling was observed, and urgent cervical cerclage was performed. The pregnancy was subsequently progressed without infection or preterm labor.

Outcome

A healthy female infant weighing 3,090 g was delivered at 37+5 weeks of gestation by elective cesarean delivery on maternal request. The interval between fetal expulsion and delivery was 170 days, among the longest intervals reported to date.

Discussion

The exceptionally long 170-day delivery interval highlights the possibility of term delivery after very early fetal expulsion. Close surveillance for infection, preterm labor, and cervical changes was maintained throughout expectant management. Although the role of cerclage in DID remains controversial, selective placement after progressive cervical shortening may have contributed to pregnancy prolongation in this case. This case emphasizes the importance of individualized treatment and careful patient selection when considering DID.

Conclusion

Successful term delivery after first-trimester fetal expulsion may be achievable with careful infection surveillance and individualized obstetric management.

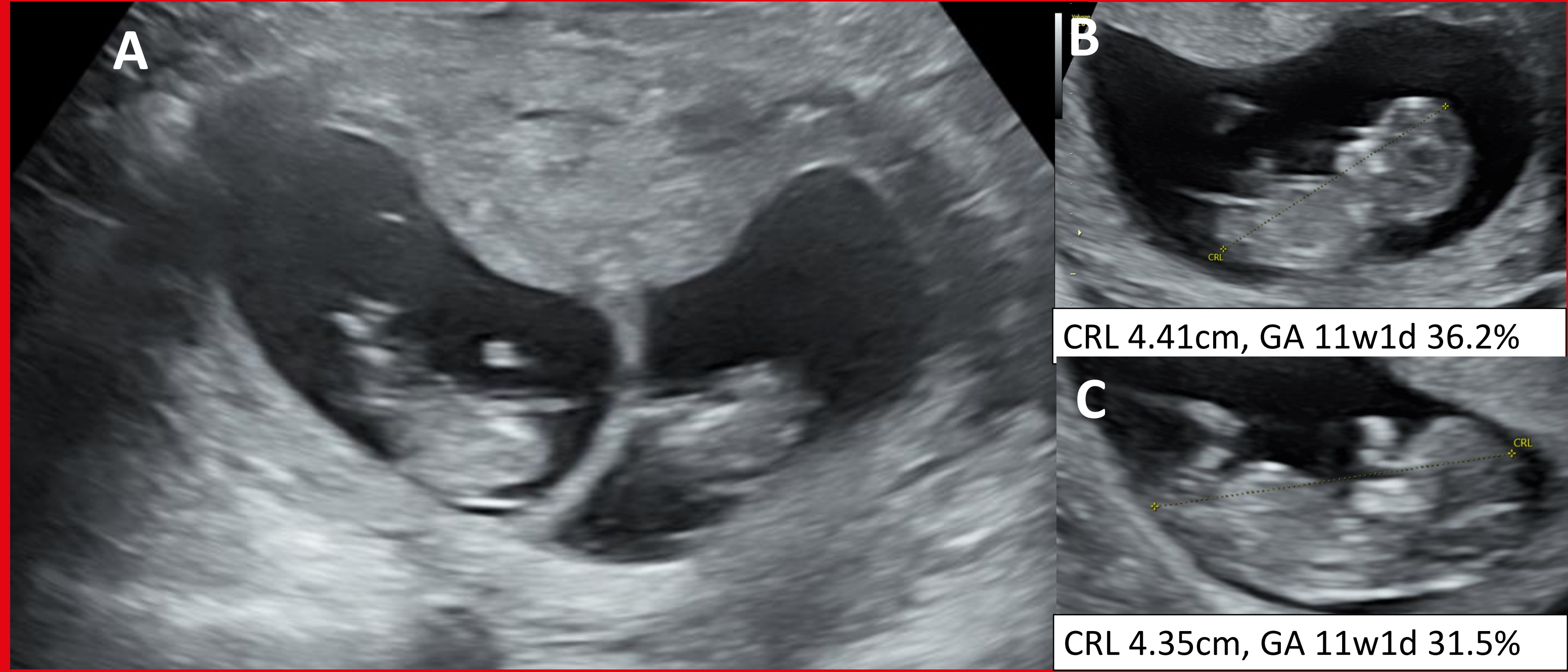


Figure 1. Ultrasonographic findings at 11+1 weeks, before the emergency department visit: dichorionic diamniotic twin pregnancy (A), with appropriate growth of both fetuses (B,C)

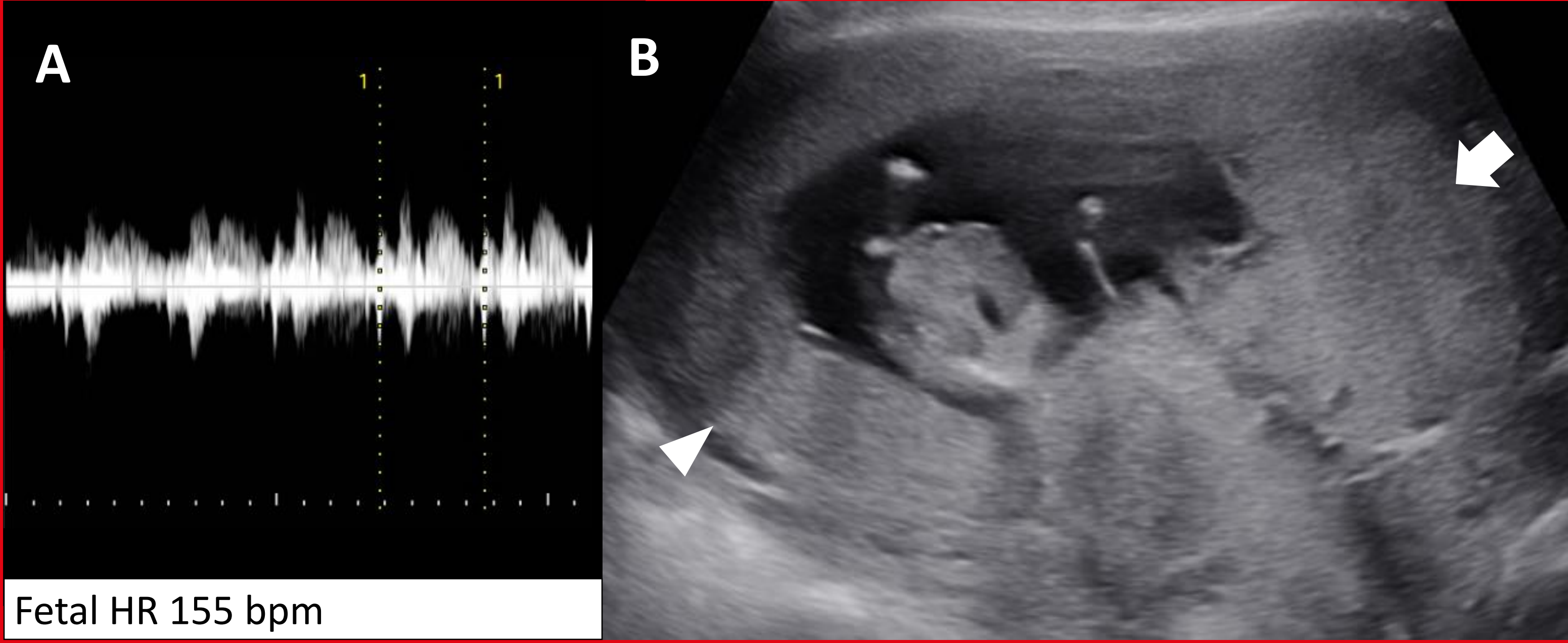


Figure 2. Ultrasonographic findings at the emergency department visit at 13+3 weeks: normal cardiac activity of the remaining fetus (heart rate, 155 bpm) (A) and two separate placentas (B).

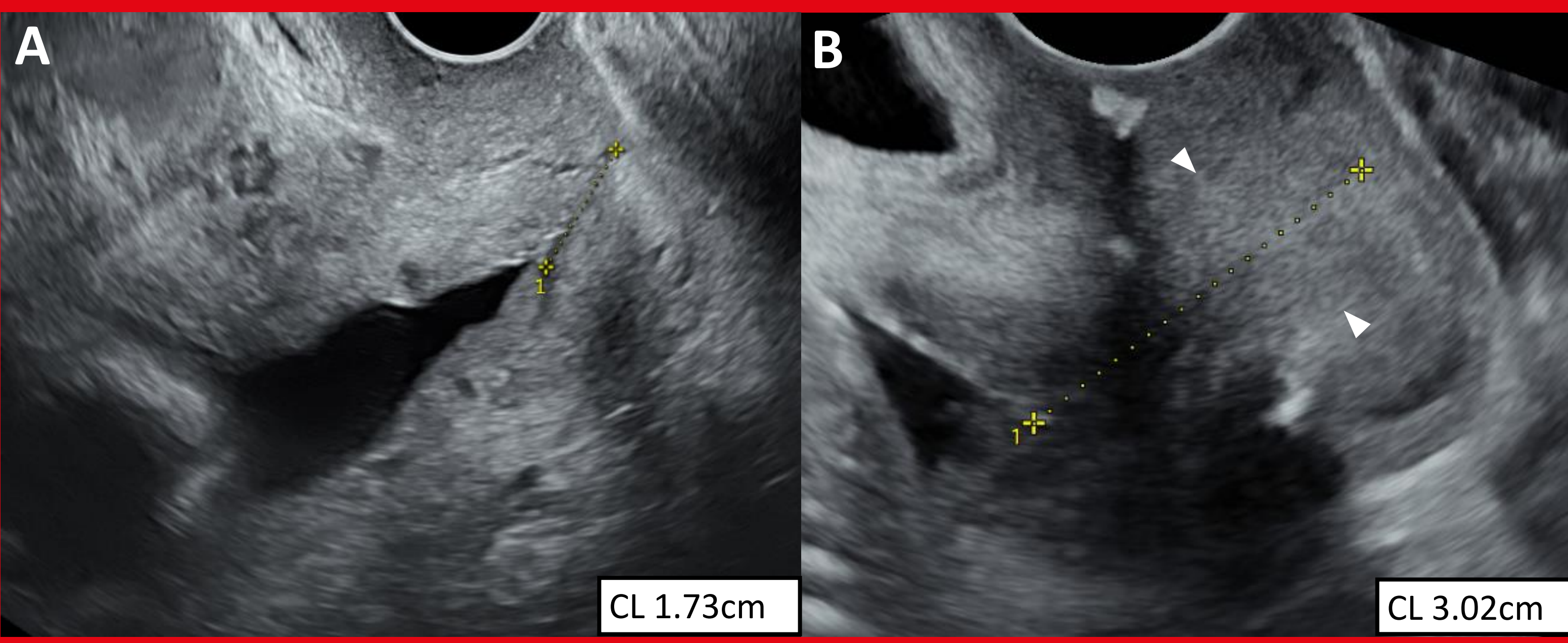


Figure 3. Ultrasonographic images before (A) and after (B) cervical cerclage, showing cervical lengths of 1.73 and 3.02cm, respectively.