

Comparison between early vs. late selective fetal growth restriction in monochorionic twin pregnancy: a multicenter collaboration

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A collaboration of 11 Fetal Medicine and Obstetrics Referral Centers across UK, Italy, Germany, Denmark, Spain, Brazil, Poland and Argentina

Objective

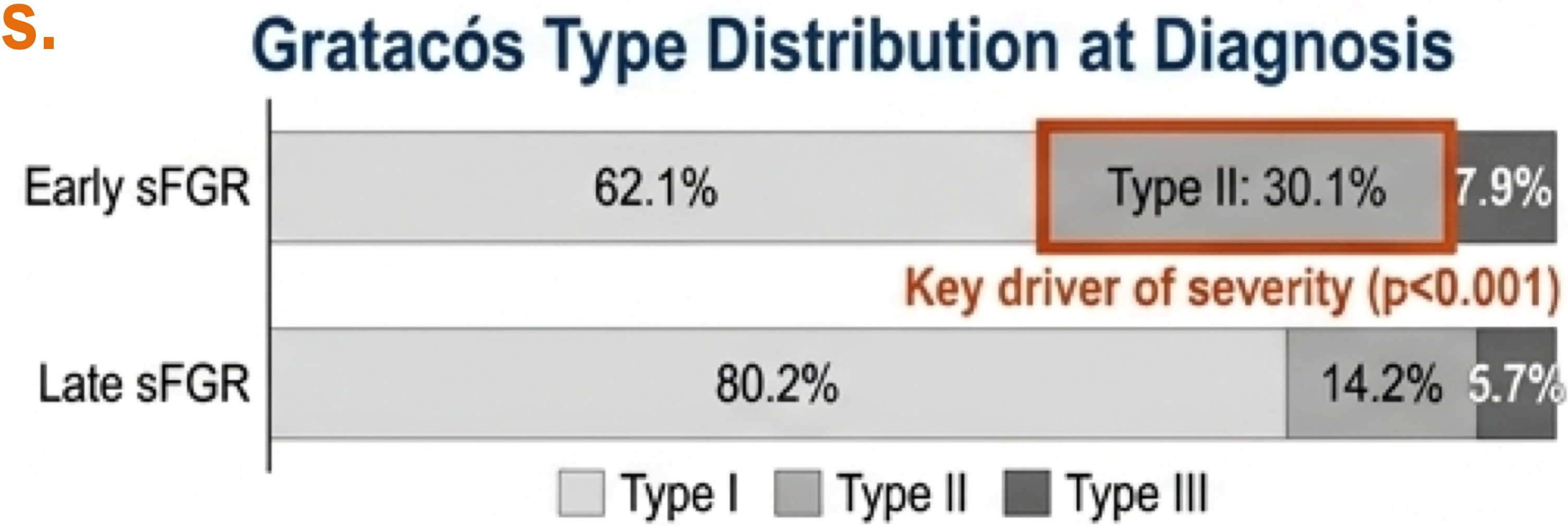
To compare the perinatal survival of monochorionic diamniotic (MCDA) twin pregnancies complicated by selective fetal growth restriction (sFGR) according to gestational age (GA) at diagnosis (< 24 weeks vs. ≥ 24 weeks).

Methods

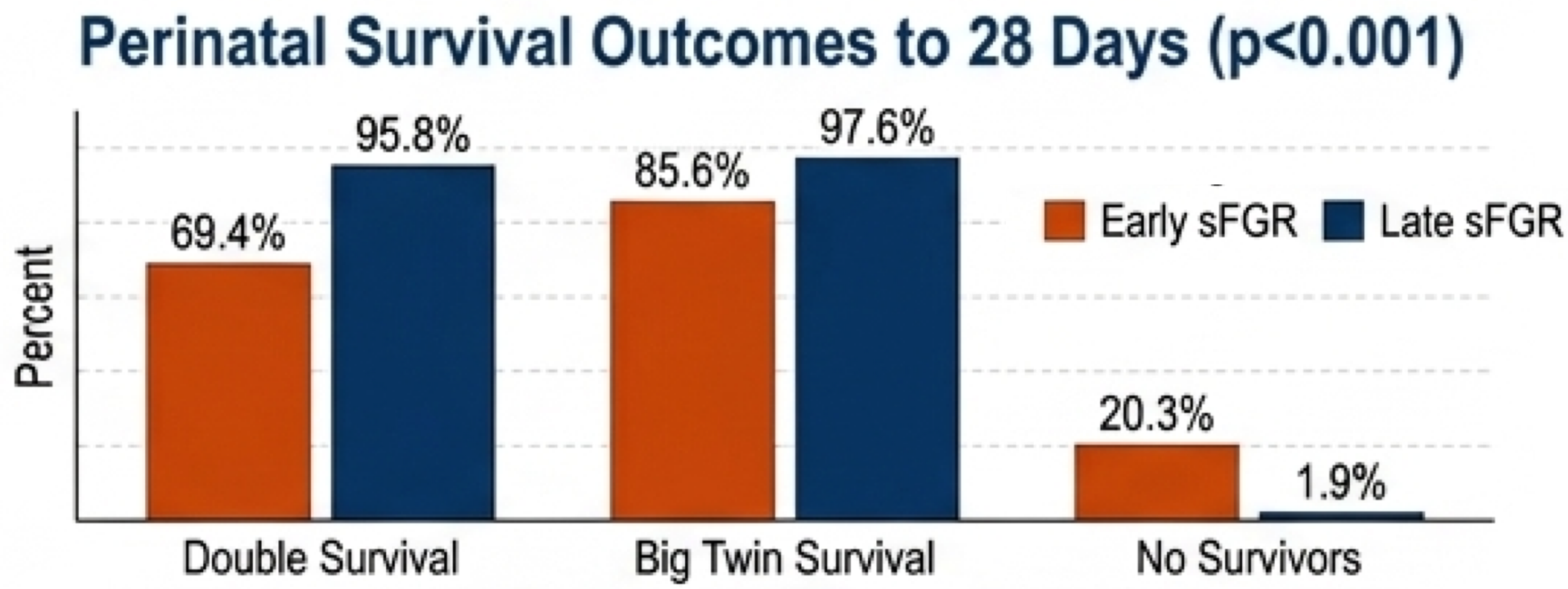
- Design:** Multicenter retrospective cohort study across 11 global referral centers.
- Inclusion:** MCDA pregnancies complicated by sFGR without structural or genetic anomalies.
- Definitions:**
- Early sFGR: GA < 24 weeks at diagnosis.
 - Late sFGR: GA ≥ 24 weeks at diagnosis.
- Primary Outcome:** Survival to 28 days of life.

Results

568 women were included. **Early sFGR accounted for 62.7% (n=356) of all diagnoses.**



- Selective termination (n=29, 5.1%) occurred exclusively in the Early sFGR group (excluded from survival comparison);
- Laser therapy was significantly more frequent in Early sFGR group (10.2% vs. 0.3%, p<0.001);



Conclusions

- Early onset sFGR occurs more frequently (63%) and is characterized by a significant higher rate of type II Gratacós stage.
- Early onset sFGR is more frequently managed with laser and has a higher rates of no survivors compared to late sFGR.
- Late sFGR has a more frequent type I Gratacós stage at diagnosis and has an excellent outcome (>95% of double survival).
- Future prospective cohort studies are required to elucidate optimal and individualized management strategies across different Gratacós stage and GA at diagnosis

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