

Perinatal outcomes of the surviving twin after intrauterine demise of the co-twin following selective placental photocoagulation



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Introduction

- Monochorionic diamniotic (MCDA) pregnancies complicated by TTTS are at risk of severe fetal morbidity and mortality.
- Selective placental photocoagulation is the standard fetal therapy for TTTS.
- Intrauterine demise of one twin after treatment may expose the surviving twin to significant perinatal morbidity.

Methods

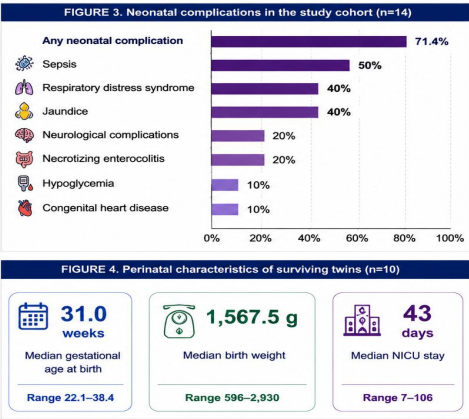
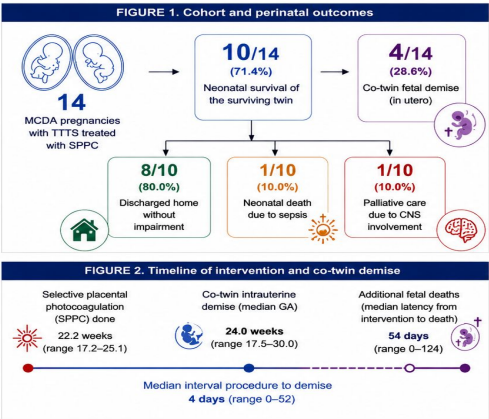
- Retrospective study
- Tertiary perinatal referral center
- 2019-2024
- MCDA pregnancies with TTTS treated with SPPC followed by intrauterine demise of one twin.

Variables analyzed

- Gestational age at SPPC
- Gestational age at co-twin demise
- Interval: procedure to demise
- Gestational age at delivery
- Birth weight
- Neonatal survival
- NICU admission and length of stay
- Neonatal complications
- Neonatal follow-up outcome

Objective

To evaluate perinatal outcomes of the surviving twin after intrauterine demise of the co-twin following selective placental photocoagulation for TTTS.



Conclusions

In MCDA pregnancies treated with selective placental photocoagulation, intrauterine demise of one twin is associated with substantial perinatal risk for the surviving co-twin.

However, neonatal survival was achieved in 71.4% of cases, highlighting the potential for favorable outcomes with specialized perinatal and neonatal care.

KEY MESSAGE

Survival is possible in a substantial proportion of co-twins after fetal demise, but intensive perinatal and neonatal care remains essential.