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CASE PRESENTATION

- 38-year-old woman, G₁₇P₃A₁₃
- 13 previous missed abortions
- Factor V Leiden thrombophilia
- Previous preterm delivery
- 1 vaginal delivery +2 Caesarean sections

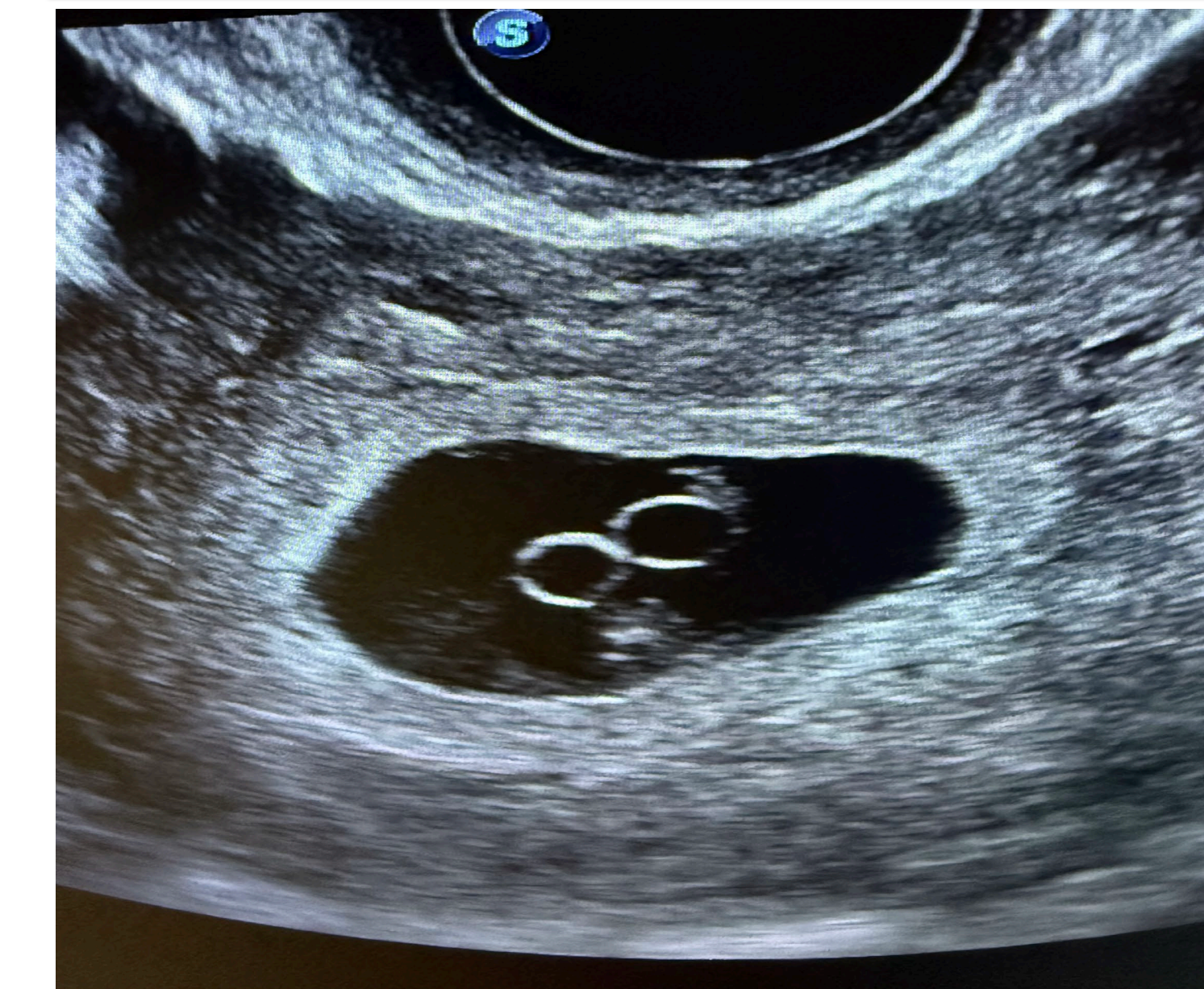
MANAGEMENT

- **Antithrombotic therapy:** Aspirin 150 mg daily + enoxaparin 40 mg, continued throughout pregnancy.
- **Progesterone:** Prophylactic vaginal progesterone 400 mg throughout gestation.
- **Ultrasound surveillance:** Serial fetal biometry, umbilical artery and middle cerebral artery Doppler assessment, and cervical length measurement.

INITIAL ASSESSMENT

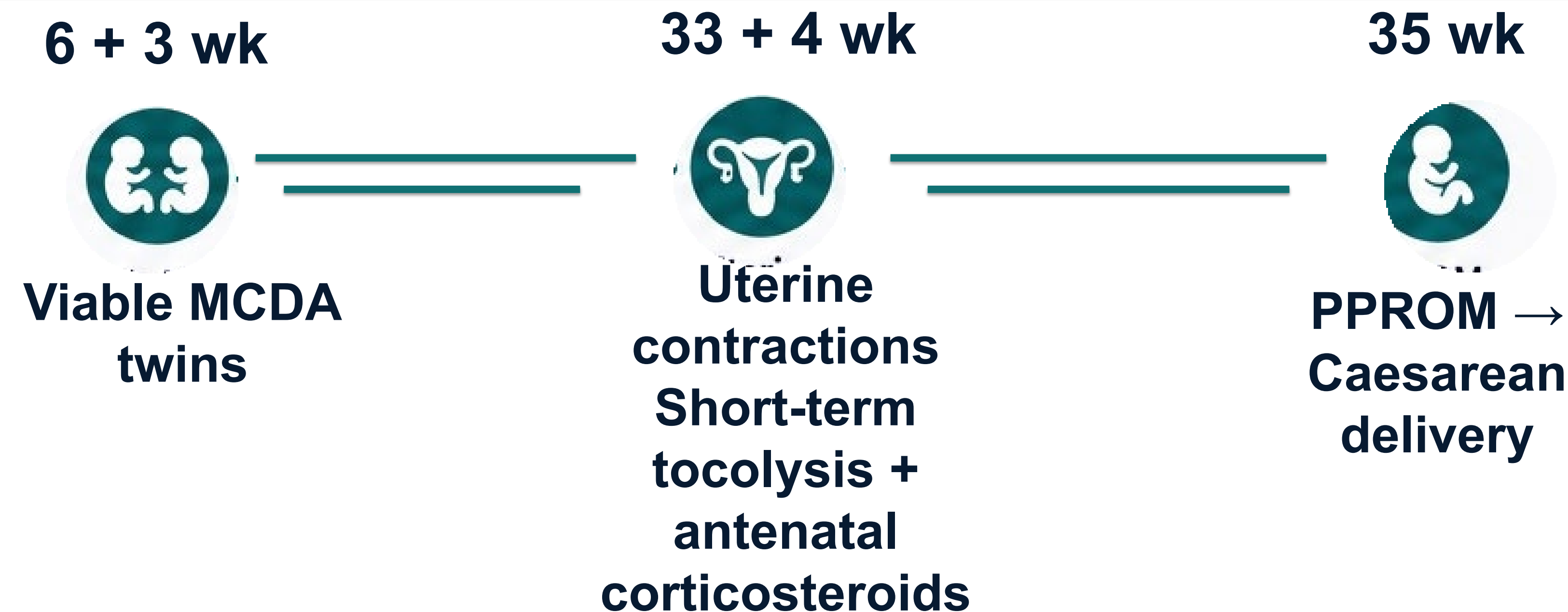
At 6 + 3 weeks' gestation, ultrasound confirmed a viable monochorionic diamniotic twin pregnancy.

EARLY ULTRASOUND



Early ultrasound image at 6 + 3 weeks' gestation

PREGNANCY COURSE



No evidence of TTTS, selective fetal growth restriction, cervical shortening, or Doppler abnormalities.

OUTCOME

35 weeks: Caesarean section

Twin 1 — 2300 g | Twin 2 — 2465 g

Both female neonates; no neonatal intensive care required.



KEY MESSAGE

Favorable perinatal outcomes can be achieved despite multiple high-risk factors with individualized management and close ultrasound surveillance.