



Preserved in Utero with a Survivor: Fetus Papyraceus and A Healthy Other Twin Carried to Term Without Complications

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INTRODUCTION

Fetus papyraceus (FP) is a rare complication (1 in 12,000 pregnancy)¹ in multifetal gestations wherein one fetus dies and is compressed between the uterine wall and placental membranes due to the absorption of the soft tissues, placental, & amniotic fluid. This report aims to contribute insight to the OB GYN community regarding this rare obstetric complication, as early diagnosis and knowledge on its management allows prevention of severe complications such as intrauterine growth restriction(IUGR), demise of the remaining twin, and maternal complications such as preeclampsia and disseminated intravascular coagulopathy (DIC).

CASE REPORT

This is a case of a 33 year old Gravida 1 Para 0 at 39 weeks age of gestation (AOG) was admitted for cesarean section without co morbidities. Her first documented ultrasound at 25 weeks AOG showed a twin gestation with single intrauterine fetal demise aged at 21 6/7 weeks AOG, with a monochorionic, monoamniotic placentation. The succeeding prenatal course and ultrasound monitoring was unremarkable. An ultrasound done at 28 weeks gestation showed monochorionic, diamniotic placentation. She had a scheduled for cesarean delivery at 39 weeks AOG and delivered the surviving twin, a live baby girl, 2750 grams, 40 weeks by Pediatric aging, appropriate for gestational age. The other twin was noted to be mummified compressed along the calcified placental membranes. The placenta was grossly dichorionic, diamniotic, with battledore cord insertion on the calcified side. The mother and the neonate were sent home on the second post operative day without complications.

DISCUSSION

According to literature, the fetal outcome of the surviving twin (ST) is highly dependent on the AOG of the occurrence of the single intrauterine fetal demise. The timing of delivery of the ST depends on its maturity and placentation. The main concern of FP is the maternal and neonatal outcome of the ST. Conservative management is recommended until 37 weeks if there are no other obstetric and fetal complications. Furthermore, these cases should be managed in a tertiary hospital with adequate maternal & fetal medicine, as well as neonatal support.

CONCLUSION

We report a case of FP with the ST carried to term without maternal & neonatal complications. Early diagnosis, close maternal & fetal monitoring, & referral to a tertiary hospital with subspecialists are recommended for optimal outcomes. Because of its rarity, there is still no standardized recommendation on its management approach. More case reports should be shared in the medical field so a consensus can be established.

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