

CONJOINT TWINS AND LEGAL TERMINATION OF PREGNANCY

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Objectives

To describe pregnancies with conjoined twins according to the legal termination of pregnancy.

Case Report

A 26 years old Syrian lady G2P1+0, with a history of previous one uncomplicated pregnancy delivered by spontaneous vaginal delivery. Patient is pregnant now spontaneously with Monochorionic monoamniotic (MCMA) twins at 14+3 weeks. Referred from other healthcare facility to the Fetal medicine unit (FMU) as a case of a suspected conjoint twins. Ultrasound findings in FMU confirmed the diagnosis and showed MCMA twins with ; Thoracopagus, single liver, bilateral neck cyst, single heart with tricuspid atresia, hypoplastic RV, pulmonary atresia (HRHS), normal spines for both fetuses, normal kidneys and bladder for both fetuses, normal extremities for both fetuses, single umbilical cord, normal posterior placenta, central cord insertion, no further obvious fetal structural abnormalities.

Unfortunately was diagnosed as a lethal condition for both fetuses with a very poor prognosis even taking into account postnatal separation surgery. Couples was informed that there is a High risk intrauterine fetuses dismiss and postnatal survival chance is impossible. Both choices of managements was discussed with the couples with the first possibility of expectant management of pregnancy or the other possibility of termination of pregnancy in view of the early gestational age. Termination of pregnancy was planned with both parents agreement. Admitted after for induction with medical management. TOP was successful by misoprostol with a total blood loss of 480mls. Patient stayed for observation after expulsion of the fetuses. After abortion patient was vitally stable with mild bleeding and pain and soft abdomen on examination with no any remarkable findings. Had hemoglobin of 10.9 mmol/L. Manged with analgesia and placenta sent for histopathology.

Discussion

Among the fetal development abnormalities, the most severe one is the development of conjoined or Siamese twins with an estimated incidence of 1:50,000 to 1:200,000 gestations. Survival in cases submitted to surgical separation depends on the degree of organ sharing between the fetuses and associated malformations. In this context, cardiac unions are the conditions associated with worse prognosis. Many conjoined twins, without perspective of postnatal surgical separation, die within a few hours after birth.

Conclusion

Conjoined twin pregnancy represents a high-severity diagnosis, as in many cases the shared organs and the extension of fetal union result in characteristics that prevent postnatal surgical separation or extrauterine survival. In pregnancies with conjoined twins and without fetal prognosis, legal termination of the pregnancy is an alternative.