

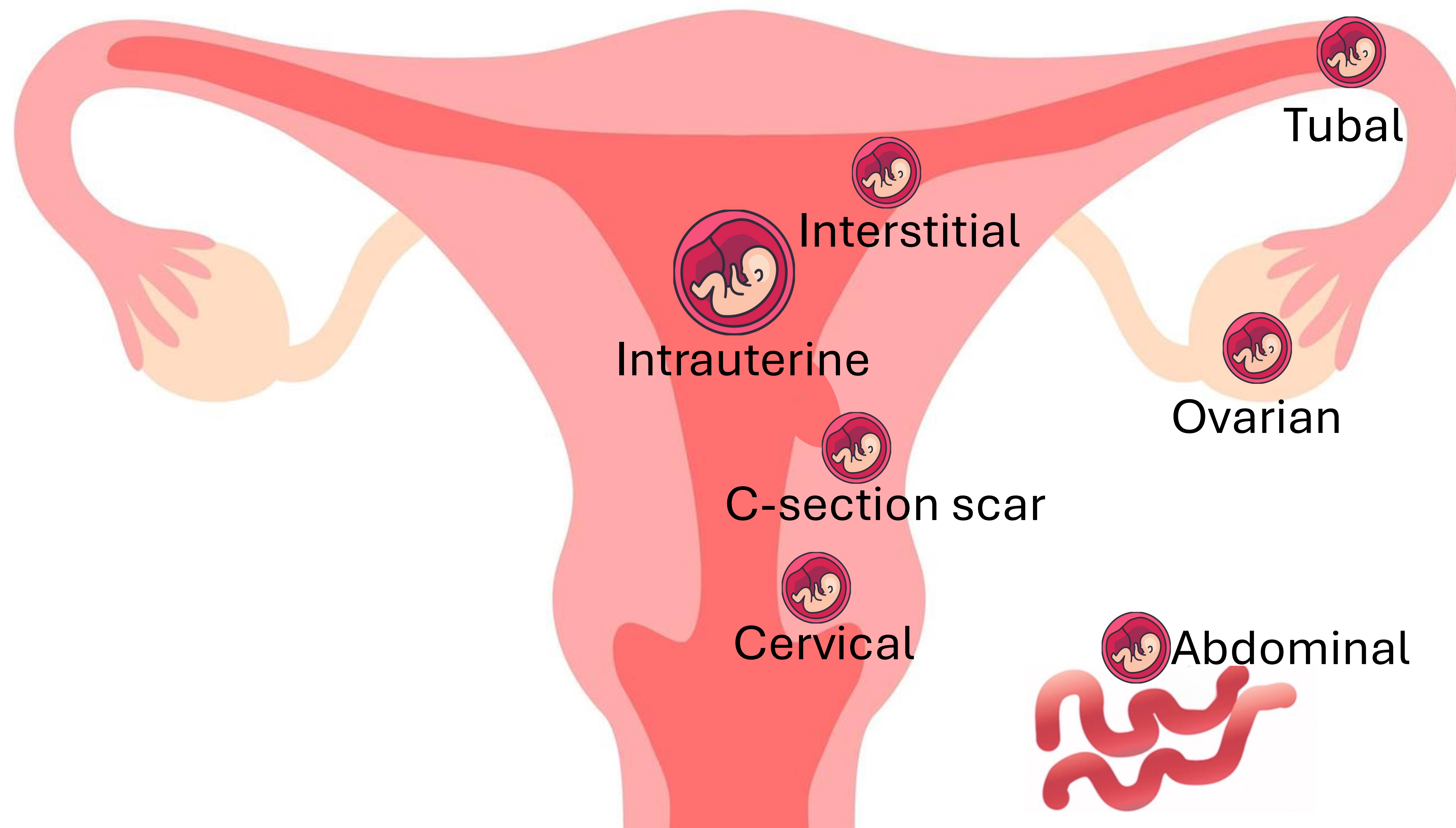
# Beyond the Uterus: Anesthetic Management of Cesarean Delivery in a Heterotopic Twin Pregnancy with Extrauterine Placenta Percreta

Shakthi Venkatachalam MBBS, Tammy Y Euliano MD, Adam L Wendling MD

## Background

### Heterotopic Twin Pregnancy

Possible Implantation sites



Heterotopic Twin Pregnancy (HTP):  
**coexistence** of intrauterine (normal) and extrauterine (ectopic) gestations

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Rare; carries **substantial maternal risk**, especially with **invasive placentation**

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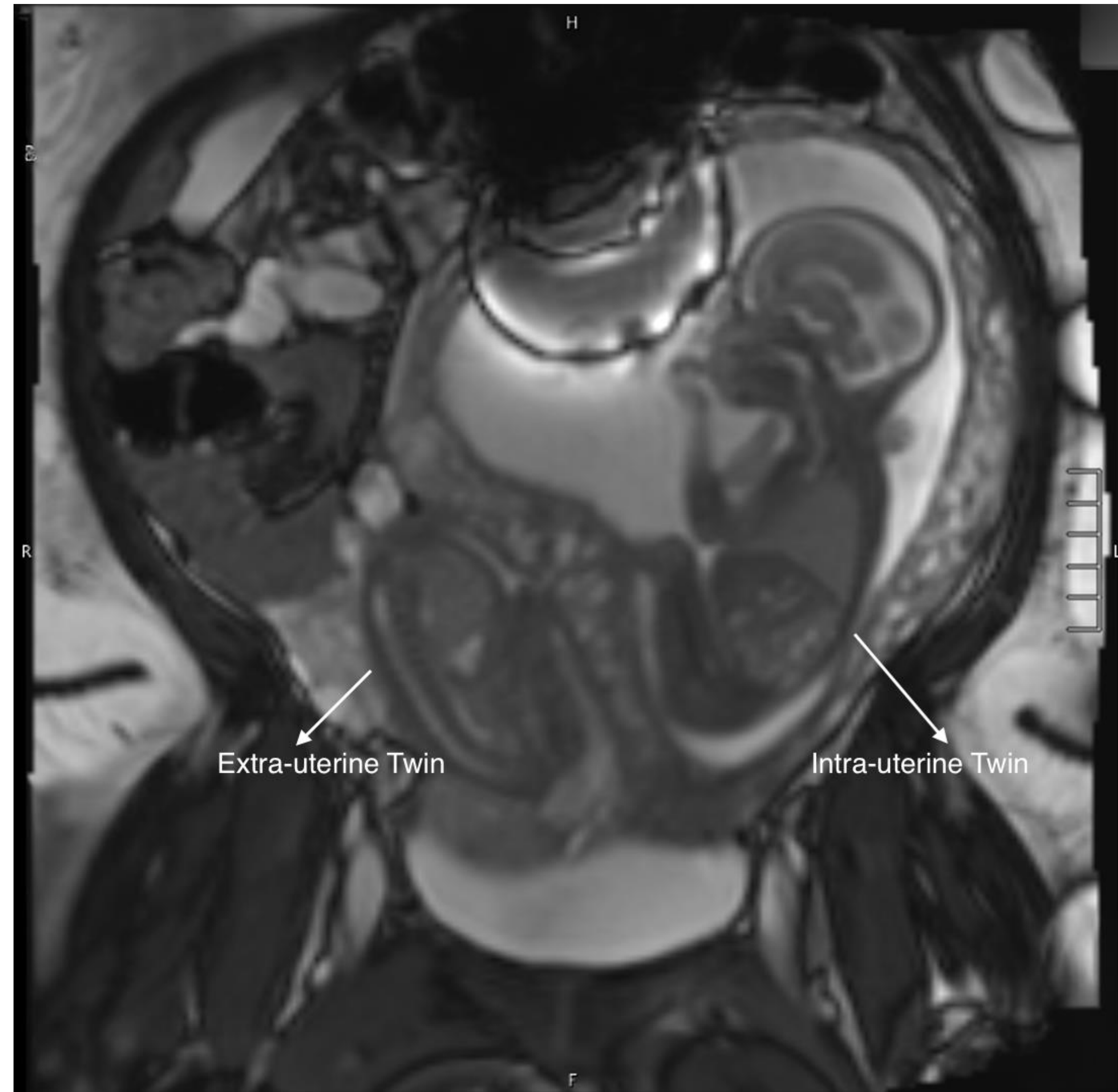
**Limited data available** on anesthetic considerations in parturients with HTP<sup>1</sup>

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# Case Presentation

30-year-old, G8P5116, PMH 🩺 ⚡️ 😞 🧑 🧠 was diagnosed with HTP at 20 wks' gestation

## Imaging showed



- Extrauterine fetal demise: 26wks
- Maternal surveillance until 34 weeks of gestation

## Anesthetic Management

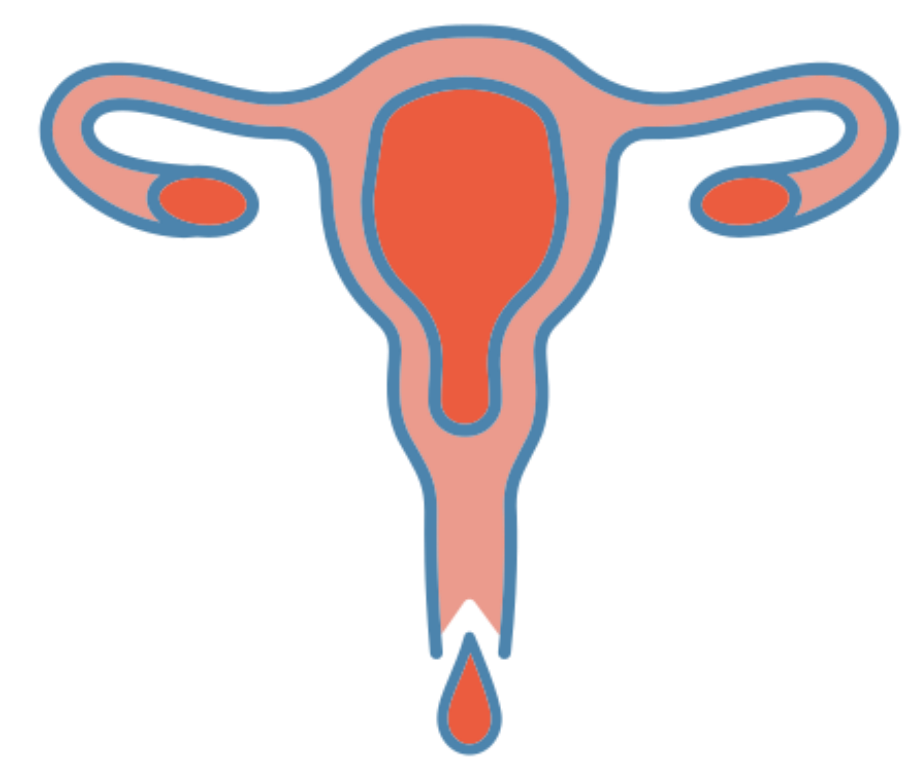
- Pre-op: 2 large-bore IVs; Arterial line
- **Combined Spinal Epidural** at L2–L3 (Bupi+Fent+Morph+Clon)
- REBOA (Resuscitative Endovascular Balloon Occlusion of the Aorta )
- **Classical uterine incision** for delivery of intra-uterine twin followed by removal of the demised extrauterine fetus. The **extrauterine placenta was left *in situ*, undisturbed**
- **General Anesthesia** for patient discomfort
- Estimated blood loss was **1.6 L** and was managed with **crystalloid and cell-salvaged blood**. REBOA undeployed
- Hemodynamically stable; uncomplicated postop course

# Discussion and Conclusion



Anesthetic challenge requiring meticulous planning and multidisciplinary coordination

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Preparation for massive obstetric hemorrhage improves maternal outcomes<sup>2,3</sup>

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This case emphasizes anesthesiology's role in risk stratification and perioperative management

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## References:

1. Elsayed Case Reports in Obs&Gyn 2023
2. Ngan Kee IJOA 2017
3. Salvagno IJOA 2024