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Research Article

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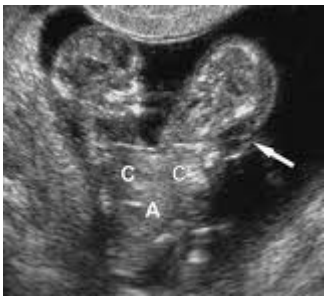
ABSTRACT

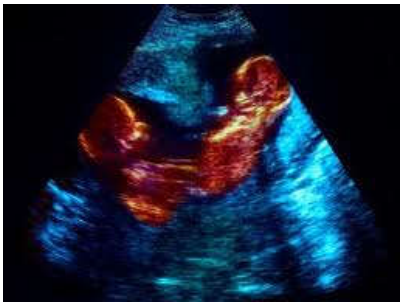
Objective – Conjoined twin is a rarely seen congenital anomaly together with severe mortality and morbidity. The more common types of conjoined twins include the thoracopagus type, where the fusion is anterior, at the chest, and involves the heart. We are reporting one case of conjoined thoracopagus twins at 8 month pregnancy. Case report –In a G2P1 pregnant women who has been admitted to our hospital which diagnosis of conjoined Twins thoracopagus, by Ultrasound at 32 weeks pregnancy. Termination of pregnancy was performed by emergency cesarean. Conclusion – Making early diagnosis with ultrasound examination gives the parent to terminate pregnancy.

INTRODUCTION

is not a uncommon phenomenon but conjoined twins are indeed a rarely, since the event occur 1 out of every 200 monozygotic twin pregnancy, one out of every 900 twin pregnancy, one out of every 25,000-100000 births .They are mono –ovular and have same sex and karyotype. Predominately occur in female (Female to male ratio 3:1). The name Siamese twins is sometimes used for conjoined twins .It was first used for the celebrate pair of conjoined twins, Chang and Eng Bunker, who died the age of 63 in North California, 1874 .

Case Report - Mrs. M 26 year old unbooked G2P1 reported in emergency department with 8 month amenorrhea with labour pain since 6 hours. First child of patient was preterm male delivered 2 year back y with no history of difficult or prolong labour. Patient took treatment for infertility from Alwar, documents not available. On general physical examination the women was average built and nutrition and her BP – 120/80 mmhg, pulse – 86/min. P/A – inspection excessive distension of abdomen. Umblicus central and evert. Palpation – fundal height corresponded t 36 weeks size, Fetal part difficult to palpate, exact presentation could not be made out. On auscultation – both fetal heart sounds not localized .P/V –Cx 2 cm dilated with 60-70% effacement, membrane present with vertex high up .Her investigation was within normal limit. - Ultrasonography –





Twin without septa both cephalic, position of both fetus with respect to each other do not change during entire scan. Possibility of conjoined twin, two head seen separate, but thorax and abdomen are not seen separately (Thoracophagus) Amniotic fluid adequate. F1 -28-30 weeks /2.3 kg, F2-32-34 weeks/2.5 kg and both fetal –cephalic, both fetus are intrauterine fetal death. Placenta posterior, grade 111 maturity. After counseling the parents about such conjoined IUFD twins and risks and complication of spontaneous vaginal

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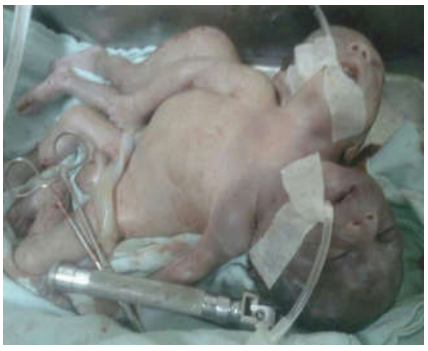
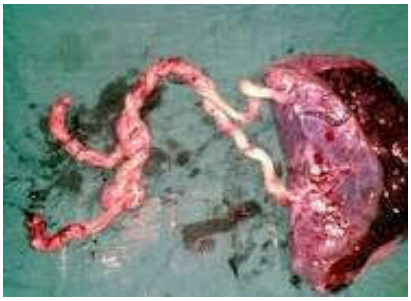
delivery of conjoined twins and after there consent a decision of emergency cesarean section was made. Patient was shifted to O.T with 2unit of whole blood and operated under spinal anesthesia, abdominal was opened by vertical incision and uterus was opened by Inverted T shaped incision, Both IUFD male child extracted as cephalic and placenta was single, babies are fused in region of chest and had two head,4 arms, 4 legs. Uterus closed back in 2 layers abdominal closed after achieving complete homeostasis. There was no post partum hemorrhage. Post operative period was uneventful and patient was discharged on 8 post operative day.





Pathophysiology – Result from an incomplete fission of the embryonic inner cell mass rather than a partial fusion of two separate centers of growth .This type of monozygotic twin occur due to splitting is delayed beyond day 12, the embryonic disc has also formed, and conjoined or 'Siamese' twins will result.

Conjoined twins are classified according to site of union –

Ventral union

Thoracopagus (joined at the chest) 19%
Omphalopagus (joined at the anterior abdominal wall) 18%
Ishiopagus (joined at the ischium) 11%

Craniophagus (joined at the head) 11%

Dorsal union

Craniophagus (5%)
Pyophagus (joined at the buttock) 6%
Rachiphagus (joined at the spine) 2%

Management –The antepartum diagnosis of conjoined twins is possible if effort made out to rule this condition in all monoamniotic twins gestation. The ultrasound examination of twins should include a careful inspection especially if they are in same position.

The ultra sound examination done between 18 and 22 weeks of gestation may useful to determine the anatomy of shared organs and to detect associate malformation. If sonogram and fetogram suggestive of conjoined twins confirm by introducing 40 ml radiopaque dye in amniotic cavity. Amniography show existence and location of the union between fetus. Repeated 2D and 3D ultrasound CT MRI scanning are useful for antenatal determination of cardiac connection between twins. Termination of pregnancy when heart or brian is shared because in these cases attempts to separate usually fail. The absence of malformation, the lack of bone unions, and the existence of separate hearts are most important indicator of the possibility of successful surgical outcome. MTP should be counseled if diagnosis before 20 weeks. Vaginal deliveries of conjoined twins have been reported in prenatal undiagnosed cases but mostly associate with risk of dystocia and uterine rupture. If diagnosis late (in third trimester) then the should be delivered by elective cesarean section

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