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Diagnostic Dialema for Dicephalic Parapagus Conjoined Twins- A Case Report

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Abstract

A 26 years old pregnant women gravida 3 Para 2 live2 reported in casualty of B.S.A hospital DELHI India as term pregnancy with arrest of after coming head of breech. . At the time of presentation to hospital pt was dehydrated and uterus was 28-30 wks size, moderate contraction was present uterine contour maintained, cyanosed lower limb, genitals trunk and anterior shoulder of baby was out of vagina and posterior shoulder was high and baby was dead . Examination finding gave the clue for arrest of hydrocephalic head of breech baby but patient antenatal record was contradictory to this finding She was booked at primary health centre, where she was fully investigated and immunised and USG done at this centre at 28 weeks showed twin pregnancy with both twins in breech presentation and single posterior placenta .To clarify this diagnostic dilemma X ray lower abdomen with pelvis AP view was taken. Which showed baby were dicephalic parapagus conjoined twins two heads, two cervical, thoracic and lumbar spine with fusion at sacral region, whose both head arrested during breech vaginal delivery.

This case taught us that antenatal check up and good quality USG at early gestation is essential for better maternal and foetal outcome .When there is any doubt about the diagnosis of twins pregnancy in USG especially in monoamniotic twins repeated USG to be done by expert radiologist so that diagnosis of conjoint twins should not be missed and further management can be done properly.

Key words: Diagnostic dilemma, dicephalic parapagus conjoined twins.

Introduction

Conjoined twining is a rare phenomenon , its incidence is around 1 in 50000-100000. Conjoined twin of dicephalic parapagus variety are even rarer .Here we report , diagnostic dilemma created by dicephalic parapagus conjoined twins, delivered by breech vaginal delivery .

Case Report

A 26 years old pregnant women gravida 3 Para 2 live2 reported in casualty of B.S.A hospital DELHI India as term pregnancy with arrest of after coming head of breech. She had previous 2 pregnancy resulted in live birth .She was taking vaginal delivery trial at home by untrained dai & rushed to hospital as head arrested after body delivered . At the time of presentation to hospital pt was dehydrated and uterus was 28-30 wks size ,moderate contraction was present ;uterine contour maintained, cyanosed lower limb ,genitals trunk and anterior shoulder of baby was out of vagina and posterior shoulder was high and baby was dead . Examination finding gave the clue for arrest of hydrocephalic head of breech baby but patient antenatal record was contradictory to this finding .She was booked at primary health centre ,where she was fully investigated and immunised and USG done at this centre at 28 weeks showed twin pregnancy with both twins in breech presentation and single posterior placenta

.another possibility was of interlocked twins but this was not clinically correlated because in interlocking of twins , head of second twin lower down and first twin head stayed at higher level, but contradictory to this , head which was at the lower level corresponded to body outside the vagina .To clarify this diagnostic dilemma X ray lower abdomen with pelvis AP view was taken. Which showed baby were dicephalic parapagus conjoined twins two heads, two cervical ,thoracic & lumber spine with fusion at sacral region ,whose both head arrested during breech vaginal delivery .Patient was having good uterine contraction and was dehydrated .IV fluid replacement was given , her vital was stable uterine contour maintained ,no evidence of rupture uterus found .Patient prepared for emergency caesarean section but with good uterine contraction she delivered on OT table. Her cervix and vagina explored and lateral vaginal wall tear detected and stitched .Placenta was monochorionic ,big size, weight around 560 gms .Grossly baby was having 2 heads, 2 neck, one trunk,2 upper limbs,2 lower limbs single male genitalia , with APGAR Score at 1, 5, 10 minutes 0, 0, 0.Baby was male weighted 3.5 kg .Mother had an uneventful post partum period and discharged on 3rd postnatal day.

Discussion

Outcome of twinning process depends on when the embryonic division takes place, if it is initiated after embryonic disc has formed cleavage is incomplete & conjoined twins results .Conjoined twins are monochorionic monoamniotic(1,2) According to Tan&coworker(1971) incidence of conjoined twins is 1 in 60,000 deliveries(3).

Conjoined twins of parapagus variety (anterolaterally fuse) are extremely rare(4).

Antenatal diagnosis of conjoined twins is very important.As reviewed by Van den brand and associate ,diagnosis of conjoint twins can frequently be made at mid pregnancy using ultrasonography which allows parents to decide weather to continue pregnancy(5). A thorough targeted ultrasonographic examination includes a careful evaluation of the point of connection and the organ involved .Surgical separation of nearly completely joint twins may be successful when organs essential for life (brain and heart) are not shared. When it can be performed on a planed , as opposed to emergency basis(6).if conjoint twins are surgically separable and compatible for life , caesarean section is only hope for safe delivery .A comprehensive USG at 18-20 wks may be useful to determine the anatomy of shared organ and to detect associated deformity .Ultrasonographic criteria for diagnosis of conjoint twins includes monoamniotic twins , lack of change of relative positions of bodies and foetal heads on repeated examination (7) , heads at same level ,unusual proximity of body plane with hyperextension of spine (8), bifid appearance of foetal pole in first trimester USG and more than three umbilical vessels ,(9), polyhydramnios in more than 50% cases of conjoint twins (10). Three dimensional ultrasonography , MRI , echocardiography or compound tomography before birth , and angiography ,cardiac catheterization , radionuclide scanning , cystography or urethrography and gastrointestinal contrast studies after birth may clarify the degree of conjoining, the potential for separation and the ideal obstetrical perinatal management.(11,12,13).

Conclusion

This case taught us that proper antenatal check up and good quality USG at early gestation is essential for better maternal and foetal outcome .When there is any doubt about the diagnosis of twins pregnancy in USG especially in monoamniotic twins repeated USG to be done by expert radiologist so that diagnosis of conjoint twins should not be missed . If such babies are incompatible for

life option for early termination of pregnancy can be offered to parents .If such twins are surgically separable ,further management by safer delivery by caesarean section and corrective surgery can be planned.

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Figure legends

Figure 1-x ray showing maternal pelvis with twins.

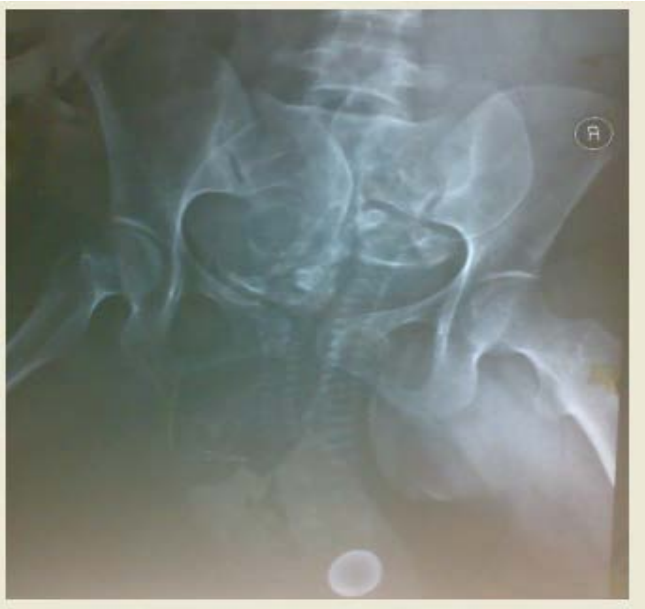

Figure 2- clinical picture of twins immediately after birth.