



Conjoined Twins: A Rare Entity

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A 22-year-old, G2P1L1, 30 weeks of gestation was referred in view of USG suggestive of conjoined twins. MRI was suggestive of conjoined twins—Thoraco-omphalopagus, single cardia, fused liver and gross polyhydramnios (Fig. 1a, b).

She went in spontaneous labor at 32 weeks. Emergency cesarean section was done using inverted T incision on uterus. Female conjoined twins weighing 3.2 kg were delivered by breech extraction. The delivery of these babies required surgical skill and planning as they were fused from chin to abdomen (Fig. 2). The twins had a single cardia and fused liver so a thin layer of skin was covering these structures. The delivery by breech extraction required gentle skilful manoeuvres to deliver conjoined twins without damaging any organs. Initially a lower segment incision was taken which was extended to a inverted T shaped incision to ease the delivery of conjoined twins. The resuscitation of babies was also challenging as both of them required immediate

intubation. Babies were shifted to NICU for further management. Babies succumbed before surgical intervention on day 1 of life.

Our patient was from a rural set up where due to lack of good radiological equipment and skills she was diagnosed to have conjoined twins at a very late gestational age. On searching literature, we found that very few cases of conjoined twins with single cardia had live births. Few cases in literature have opted for a classical caesarean section. We believe that if skilful gentle manoeuvres to deliver conjoined twins are used a classical incision can be avoided altogether. Very few articles highlighting the intrapartum and immediate postpartum management of such cases are reported as very few conjoined twins survive up to such gestational age.

Antenatal assessment of conjoined twins can help in early diagnosis of conjoined twins. Antenatal diagnosis of conjoined twins can be made on ultrasound in the 1st trimester. Features favouring a diagnosis of conjoined twins on antenatal ultrasound include—foetuses lying in the same constant position with heads and body parts at the same level persistently; inseparable body and skin contours; foetuses facing each other with hyperflexion of cervical spines; fewer limbs than expected; sharing of organs; and a single umbilical cord with more than 3 vessels.

This article wants to emphasise on timely antenatal detection of conjoined twins so that adverse maternal and foetal outcomes can be prevented. This case is being presented due to its rarity and to emphasize the importance of timely antenatal screening.

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Fig. 1 a MRI findings of conjoined twins (Thoraco-omphalopagus, single cardia and fused liver, gross polyhydramnios, single anterior placenta). **b** MRI findings of Conjoined Twins. (Thoraco-omphalopagus, single cardia and fused liver, gross polyhydramnios, single anterior placenta)

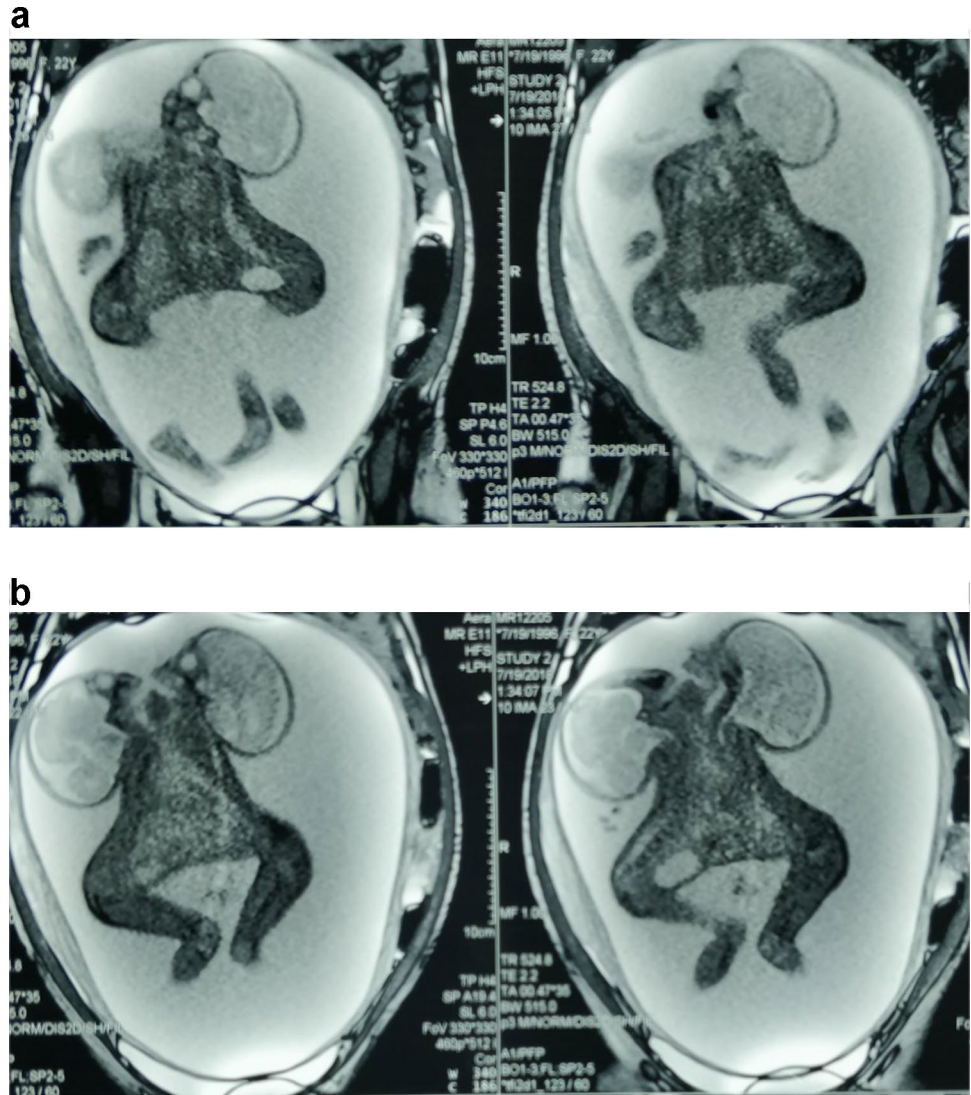




Fig. 2 Conjoined twins (Thoraco-omphalopagus with single cardia)

Authors Contribution PC has operated this case, written this article, searched literature and done final proof reading of this article. NC has done literature search and helped in proof reading this article. HR has assisted this case and helped in proof reading this article. SM has assisted this case and helped in proof reading this article. HM has assisted this case and helped in proof reading this article.

Declarations

Conflict of interest The authors declare that they have no conflict of interest.

Informed consent We, authors hereby declare that we have taken informed consent from the patient and also further declare that we have no financial interests for the article.

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