

PARASITIC UNITED MONSTER ASSOCIATED WITH TRIPLET PREGNANCY

(A Case Report)

by

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The presence of developmental anomaly in only one member of multiple births seems surprising. This would, however seem to be the rule rather than the exception. Affirming that all severely malformed foetuses have been associated with a normal progeny in multiple births, Potter (1961) stated that she never came across a multiple pregnancy where all the infants had gross malformation.

Human foetal monsters are rare. Rare though the monstrosity in twin pregnancies it is rarer still in triplet births. The following case is worth reporting as there is a parasitic united monster in a triplet births.

CASE REPORT

Mrs. P.S., 40 years old was admitted as an unbooked case in the maternity ward of B. N. Bose Hospital, Barrackpore on 15-1-1975 at 1-30 p.m. with labour pain. She was 14th gravida without any history of multiple pregnancy or congenital malformations in her family. She was carrying 38 weeks of pregnancy.

On general examination she was found anaemic (HB% 9.5 gm.), slight oedema of feet was

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Accepted for publication on 26-8-1976.

present. Blood pressure was 130/90 mm of Hg. Abdominal examination revealed it to be unduly enlarged. It was tense on palpation and multiple foetal parts were felt. Foetal heart was audible.

On vaginal examination os was 2/5th dilated and cervix was half taken up. Presenting part was head.

She gave birth to a living male foetus weighing 2200 gms. at 3-10 p.m. on 15-1-1975. Soon after the delivery of the first baby, the pains completely subsided. Pains again started at 4 p.m. Labour was prolonged and difficult. Head of the second foetus was delivered and there was great difficulty in delivering the trunk. After the delivery of the second baby it was found that there was a parasitic united monster attached to the epigastrium of the second baby (Photo). Delivery of second foetus with the monster was completed at 8-5 p.m. Second foetus was also male and living and combined weight of second foetus and monster was 2000 gms.

There was brisk haemorrhage after the birth of second foetus with monster. Manual removal of placenta was done. Uterus was explored. Cervix was also seen and it was found to be intact. There was a single placenta with two umbilical cords.

The parasitic united monster was paracephalic with head and two upper limbs but without any hind limbs. Caudal part and ventral aspect was attached to the epigastrium of the second foetus. Longitudinal measurement of the monster was 18 cm and largest transverse diameter was 15 cm. The head was globular in shape and flattened anteroposteriorly. The eyes were represented by two ridges and the nostrils by two bulges with cleft below them.

The second foetus with the parasitic united

monster died on the next day. The patient did not agree to any postmortem of the dead foetus and so further examination of internal organs could not be under taken.

The postpartum period was uneventful and the first baby was well. The patient with her first baby was discharged on the 10th day.

The patient with her first baby was followed up regularly. The baby was last seen in January, 1976. The baby was well and alive.

Discussions

As seen in the present case the most frequent site of attachment of the parasitic twin to its host is ventral. This can be explained from both the views of its origin such as with rare exceptions the connection of separate acardiac parasites

to their hosts is umbilical and also from the fact that the thoracopagus and xiphopagus are the commonest types of symmetrical conjoined twins.

Summary

A case of triplet births with a parasitic united monster has been described. The first infant, a male live baby was delivered normally. Second infant a male with a parasitic united monster attached to its epigastrium was born alive but died after 1 day.

References

1. Potter, E. L.: Pathology of the foetus and the infant ed. 2, Chicago, 1961, Yearbook Med. Publications.

See Fig. on Art Paper III