

## QUINTUPLETS PREGNANCY

### (A Case Report)

by

SAVITRI AGARWAL,\* M.S. (Obst. & Gynec.), M.R.C.O.G. (Lond)

D.Obst. (Lond)

and

M. D. GOSWAMI,\*\* M.S. (Obst. & Gynec.)

This case is being reported since quintuplets is a very rare condition. MacArthur *et al* (1938) summarised 45 cases of quintuplets from world literature over a period from 1694-1934; after that no consolidated record has been available, besides occasional case reports. Multiple pregnancy has evoked interest in this century and particularly so in the light of use of drugs for induction of ovulation, Clomiphene and human chorionic gonadotrophins (HCG), follicle stimulating hormones (FSH) and a variety of combination of these drugs (Gemzell and Ross 1968, Jewelewicz and Vande Weile 1976).

#### CASE REPORT

Smt. V., aged 25 years, coming from a village was admitted with a history of full term pregnancy and labour pains for 4 hrs. She was primigravida and had not attended for antenatal check up any time during the pregnancy. She was married 6 years ago and had conceived for the first time after a period of sterility for 5 years. She took treatment from a village doctor practicing in indigenous medicine in the village following which she had conceived.

\*Obstetrician & Gynaecologist, Safdarjang Hospital & University College of Medical Sciences, New Delhi-110 016.

\*\*Registrar in the Department of Obstetrics & Gynaecology, Safdarjang Hospital, New Delhi-110 016.

Accepted for publication on 11-5-1978.

#### Menstrual History

Menarche 14 yrs. Regular cycles of 28-30 days and flow for 3-4 days. Last menstrual period was 9 months ago. She did not remember the exact date of her last menstrual period.

#### Family History

No history of multiple pregnancy in her family.

#### Personal History

Vegetarian, uneducated, belonging to a poor socio-economic group. No history of alcohol intake and smoking.

#### General Examination

She was of average built, oedema of feet was present. B.P. 120/80 mm. Hg. Pulse 90/mt. regular.

**Investigations:** Hb.—9 gm%. Urine—No abnormality detected. There was no systemic disease.

#### Abdominal Examination

Abdomen was overdistended. Multiple foetal parts felt, multiple foetal hearts were heard. The presenting part was not clearly defined.

#### Management of Labour

Cervical os was 3/5 dilated and was fully effaced. Membranes were bulging. The membranes were artificially ruptured and clear liquor came out. A female living baby weighing 500 gm. was born, immediately after another living female 500 gm. was born. Ten minutes later third living male child of 800 gm. was born

after artificially rupturing second bag of membranes. Following the birth of 3rd baby, labour pains diminished. On internal examination another bag of membranes was felt, which was ruptured and a still born female weighing 1000 gms. was born. The uterus was still not empty, internal examination revealed another bag of membranes which was ruptured and a male living baby presenting by vertex was delivered with the help of outlet forceps. The baby weight was 1020 gm. Thus 5 fetuses were born, 2 females followed by 1 male, 1 female and 1 male.

After ensuring that the uterus was empty Methergin 0.5 mgs. was injected intravenously and 4 placentae one after another with membranes came out. On examination all placentae were complete with their membranes. One placenta was having 2 cords attached to it, other 3 were having single cord attached to each of them.

All the 4 live born remained alive from 6 hrs. to 48 hrs.

#### Comments

Hellin (1895) reported twins one in 89, triplets one in 89,<sup>2</sup> quadruplets one in 89<sup>3</sup> and quintuplets one in 89.<sup>4</sup> Dass (1934) reported increased incidence of twinning in coloured women, 1 in 67 as compared to 1 in 88 in white races. The racial difference was more striking for triplets, 1 in 10,000 for white and 1 in 6,000 for non-whites as reported by Guttamacher (1953). According to Waterhouse (1950) increasing parity and age have positive influence on twinning. Maternal heredity may play more role than paternal in plural pregnancy (White and Wyshek; 1964).

In recent years, the use of hormones like Follicle stimulating hormones, chorionic gonadotrophins and clomiphene, administered for induction of ovulation, have

been reported as enhancing the likelihood of ovulations of multiple ova, leading to plural births (Gemzell *et al*, 1968 and Jewelewicz and Vande Wiele, 1976). A case of sextuplets following chomiphene citrate therapy has been reported by Aikin R. A. (1969).

In the case under report, the patient was treated by some practitioner of indigenous medicine in the village. It would have been of interest to know about the nature of the indigenous medicine, but this could not be done. The pregnancy appears to have resulted from 4 separate ova, the 1 ova resulting in uniovular twins of the same sexes and 3 ova resulting in 3 foetuses of different sexes.

#### References

1. Aikin, R. A.: J. Obst. & Gynec. Brit. C'wth. 76: 684, 1969.
2. Berbos, J. N., King, B. F. and Janusz, A.: J.A.M.S. 188: 813, 1964.
3. Dass, K.: J. Obst. & Gynec. Brit. Emp. 41: 227, 1934.
4. Gemzell, C. A. and Ross, P.: Am. J. Obst. & Gynec. 94: 490, 1968.
5. Guttamacher, A. F.: Obst. & Gynec. 2: 22, 1953.
6. Jewelewicz and Vande Wiele as quoted by William's Obstetrics—15th edition, 531, 1976. Editors: Jack A. Pritchard and Paul C. Macdonald.
7. Hellin, D.: As quoted by Combined Text Book of Obstetrics & Gynaecology, 9th edition: 412, 1976, Edited by Jameswalker, Ian Macgillivray & Malcolm C. Macnaughton: Publishers Churchill Livingstone. Edinburg, London and New York.
8. MacArthur, J.: J. Hered. 29: 323, 1938.
9. Waterhouse, J. A.: Brit. J. Social. Med. 4: 197, 1950.
10. White, C. and Wyshak, G.: Inheritance in Human dizygotic twinning. New Eng. J. Med. 217: 1003, 1964.