

FETUS PAPYRACEOUS ASSOCIATED WITH CONGENITAL ANOMALY OF THE SURVIVING FETUS

by

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Introduction

Fetus papyraceous is a rare occurrence with quoted incidence of 1 in 12,000 live-births. (Ottolenghi-Preti 1972). Such a condition is considered to occur usually in multiple pregnancy and such live babies are believed to have no congenital anomalies. However, only 2 cases have been reported so far in world literature, where fetus papyraceous was observed to be associated with congenital anomaly in the live fetus. In view of the rarity of such a condition the following case is reported for record.

Case Report

A 29 years old primigravida was admitted into the labour wards of Kasturba Medical College Hospital, Manipal, India on 30-11-1977 with history of 8 months' amenorrhoea and labour pains of 6 hours duration. Her calculated date of delivery was 3-1-1978. She volunteered a history suggestive of threatened abortion during the 3rd month of pregnancy, for which she was treated elsewhere with Duvadilan tablets for 5 days. Otherwise her antenatal period according to her was uneventful till admission.

On examination, her general condition was good, with a pulse rate of 76 per minute and blood pressure of 110/70 mm of Hg. The uterus was 36 weeks size and was observed to be acting

and relaxing. The 'lie' appeared to be longitudinal but the presenting part could not be made out well. Breech engaged. The foetal head was felt in the upper pole which was not easily ballotable. Fetal heart sounds were good.

Pelvic examination revealed a fetus of 20 cm length, lying outside the vulval outlet and a thin cord protruding from the vulva. She was not aware of this expulsion. The fetus was found to be compressed and flattened out (Fig. 1). Cervix was found to be 8 cm. dilated with a tense bag of membranes. The presenting part, the extended breech (R.S.T.) was at the brim of the pelvis:

In view of a fetus papyraceous with a live baby presenting by breech at 36 weeks, a skiagram of the abdomen was taken to rule out any other congenital anomaly of the second twin. The skiagram revealed the second fetus to be presenting as an extended breech with the fetal head markedly extended. The fetal skull bones appeared abnormal but the precise anomaly could not be made out from the skiagram (Fig. 2). The patient was delivered by assisted breech delivery, 3 hours after admission. There was no difficulty in delivering the after coming head and the baby cried at birth. The weight of the second baby was 1500 G.

Both the babies were males (Fig. 3). Examination of the placenta revealed a single placenta weighing 380 G. The cord of the papyraceous fetus had a velamentous insertion (Fig. 4). The fetus papyraceous weighed 100 G. and was 20 cm. long. The second live twin was 42 cm. long, weighing 1500 G. with a cephalic head circumference of 25.5 cms. The estimated age of the second live twin was 245 days.

The head of the second twin was abnormal and it was diagnosed as microcephaly. (Fig. 5).

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The baby was nursed in the premature nursery, gaining weight on artificial feeding. Fifteen days later however, the baby developed convulsions and expired.

Mother had an uneventful postpartum period. She was discharged after suppression of lactation.

Discussion

Fetus papyraceous is a rare condition usually said to occur in multiple pregnancy, the incidence being given as 1 in 12,000 live births. It is however considered most rare for the fetus papyraceous to be associated with a congenitally deformed living fetus. Perusal of literature reveals only 2 such cases reported so far and this is presented as the third.

The previous 2 cases reported had congenital abnormalities related to the gastrointestinal tract, one having intestinal atresia (Ottolenghi-Preti, 1972) while the other had ilial atresia (Saier *et al* 1975). In this case the baby had a microcephaly.

The etiology of these anomalies is not known. But as it occurs in multiple pregnancy, it could be more common with uniovular twins affecting the twins at its developmental stage itself.

It is usual for the fetus to be expelled when intrauterine death occurs. But in multiple pregnancy, expulsion of the dead fetus alone or retention of both the dead and live fetus can occur, thus allowing the live fetus to continue its development.

Most of the deaths leading to fetus

papyraceous occur during the second trimester of pregnancy, though the blighted twin survives on to the third trimester (Kindred 1944, Southern, 1956).

In the present case the death of the fetus papyraceous could have occurred at the 3rd month, during the period when she had threatened abortion. The microcephalic fetus with extended head had resulted in extended breech presentation and subsequent delivery by breech.

Intrauterine death of one twin and subsequent development of fetus papyraceous rarely affects maternal health or interferes with development of the living fetus.

Summary

A case of multiple pregnancy with fetus papyraceous and associated congenital malformation of the live fetus (microcephaly) is reported for its rarity and recording. The possible causes in this case leading to fetus papyraceous is postulated. A brief review of literature regarding such cases is also presented.

References

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See Figs. on Art Paper VI-VII