

FOETUS PAPYRACEUS

by

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Foetus papyraceous is a rare and interesting condition occurring in both monochorionic and dichorionic multiple gestations. Following is the report of a dichorionic twin pregnancy ending in one normal foetus and the other in foetus papyraceous.

Case Report

A, 27 years old primigravida, an unbooked case at full term was admitted to Government Women Hospital in active labour. No familial history of multiple gestation was elicited. General Examination showed a healthy normotensive woman with term pregnancy. The foetal head was in right iliac fossa, cervix 4 cms dilated and a soft mass felt through the membranes. A plain X-ray of the abdomen was taken which revealed a rounded soft tissue shadow in the pelvis with an area of calcification displacing the head to one side (Fig. 1). At this stage a differential diagnosis of

- (a) Foetus papyraceous
- (b) Calcified fibroid with partial degeneration was made.

Soon after the membranes ruptured spontaneously and a compressed foetus about 16 cms long alongwith placenta and membranes delivered. Four hours later a normal female baby weighing 3 Kg with Apgar score of 8 was delivered. Placenta and membranes were expelled after 15 minutes. There were no abnormalities of the cord or placenta on naked eye examination.

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There was no postpartum haemorrhage and patient was discharged on 8th day after the removal of episiotomy stitches.

This was a binovular twin pregnancy, one foetus having died at about 24 weeks and the second survived to attain full maturity.

Discussion

The intrauterine death of one or more foetuses of a multiple gestation with subsequent retention and transformation of these blighted structures into foetus papyraceous, occurs with a frequency of 1:12000 live births, an incidence of 0.0085%. Although its incidence, reported in the literature is 1:184 twin births, it is not limited to twin gestation alone.

The diagnosis is usually made only at the birth of the foetus papyraceous, Radiographic diagnosis in the antenatal period is difficult and is usually an incidental finding. The reabsorption of radioopaque structures of the papyraceous occurs following death, preventing clear roentgenographic image formation (Camiel 1967).

Majority of the deaths resulting in foetus papyraceous occur during second trimester of pregnancy although cases have been reported of the blighted twin succumbing in the third trimester. In this case report the size of the foetus suggests that the demise occurred at the gestational age of about 22-24 weeks.

The formation of foetus papyraceous may be followed by several complications

(Camiel 1967). These include premature labour, obstruction of labour by a low lying papyraceous producing dystocia requiring caesarean section, infection due to prolonged retention of the dead twin, severe puerperal haemorrhage due to retention of the papyraceus after the delivery of the surviving twin (Robertson 1964).

The majority of surviving infants as-

sociated with papyraceus are healthy. Literature contains few papers describing congenital abnormalities of the surviving twin and also the increased incidence of velamentrous insertion of the cord.

References

1. Camiel, M. R.: J. Am. Med. Assoc. 202: 247, 1967.
2. Robertson, J. G.: Obstet. Gynaec. 23: 330, 1964.

See Fig. on Art Paper VIII