

# CONJOINED TWINS ASSOCIATED WITH ACCIDENTAL HAEMORRHAGE AND RUPTURE OF THE UTERUS

(A Case Report)

by

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This rare condition has been reported in Indian literature from time to time and in most of the cases the conjoined twins were female and were stillborn (Shah, *et al* 1969; Chakraborty, *et al* 1969). In the present case the female stillborn conjoined twins were associated with concealed type of accidental haemorrhage and rupture of the lower segment of the uterus.

## CASE REPORT

Mrs. Padma Devi, 35 years old female Para 2 + 0 was admitted in Sadar Hospital Muzaffarpur on 12-3-1979 as a case of obstructed labour, with one baby delivered at vulva upto the chest. She was at term. Her pregnancy was uneventful except for undue enlargement of uterus. She did not receive any antenatal examination during pregnancy. She was in labour for last 48 hours in her home and an untrained dai had tried her best to deliver the baby without any success.

On admission, the patient was dehydrated and mildly shocked. Her pulse was 120/minute regular. B.P. 110/80 mm of Hg. Temperature was 99°F. Pallor +, Oedema +. Chest and C.V.S. were clinically clear.

On abdominal examination there were violent uterine contractions. The uterus was rigid and firm in between contractions; fetal parts were palpable and fetal heart sounds were not heard.

On inspection of vulva it was found that one baby was delivered upto the chest and both hands were hanging outside the vaginal out-

let. There were signs of application of force to extract the baby as one shoulder had partially separated from neck. One more hand and one leg were visible behind the first baby at vaginal outlet (Fig. 1). Some form of locking of the twins was suspected and exploration of uterus under anaesthesia was tried. On passing the hand above the chest of the baby which was delivered at perineum, it appeared that another head was lying in the left iliac fossa and the two fetuses appeared fused below the chest.

Diagnosis of conjoined twins was confirmed and it was decided to deliver her by caesarean section as the uterus was hard and tender and the babies were big. While preparations were made for caesarean section, head of one baby who was delivered at perineum was severed by one junior doctor by mistake.

On opening the abdomen a big haematoma was found in the utero-vesical pouch of peritoneum. A typical couvelaire uterus with multiple haematomas all over the uterus was found. On removing the clot from uterovesical pouch of peritoneum the lower segment of uterus was found lacerated and ruptured at a few points.

A lower segment caesarean section was performed through the lacerated lower segment of uterus and a double headed female monster joined from abdomen upto pelvis, having 4 upper limbs and 3 lower limbs was delivered. There was single cord and single placenta. One of the twins had some duplication of one foot. (see Fig. 2).

A big retroplacental haematoma was discharged following delivery of placenta. The lower margin of caesarean wound was found lacerated and ruptured at few places after removing clots. The lacerated lower margin of wound along with torn portion of lower segment was excised and the margins were made

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regular. Uterine wound was closed in three layers as usual and abdomen was closed in layers. Sterilization was not performed. The patient made an uneventful recovery. The twins weighed 5.2 kg. Postmortem examination of the twins was not done as it was preserved for museum specimen. (see specimen X-Ray Photograph No. 3).

#### Discussion

This case is presented due to its rarity and also its unsuspected co-existence with concealed accidental haemorrhage and rupture of the uterus.

In the present case the conjoined twins were delivered by lower segment caesarean section. The head of first baby was decapitated by mistake, otherwise there was no intension of pulling on second head, as it was already decided to perform caesarean section in view of the big size of conjoined twins. Gupta and Wakhaloo (1968) have mentioned about a similar case in which an undiagnosed thoracopagus twins failed to deliver after dicapitation of first head and delivery was completed by lower segment caesarean section.

In modern era where caesarean section is much safer operation it is less hazardous to deliver the baby by caesa-

rean section than to try difficult intra-uterine manipulations (Feedman *et al*, 1962).

Spontaneous vaginal delivery of conjoined twins at term is only possible as mentioned by Varghese (1968) by special mechanism in which conjoined twins weighing 11 pounds and 8 ounces were born rotated with respect to each other; the first was born as vertex and second as breech.

Vaginal delivery should be preferred when the conjoined twins are premature as happens mostly.

In the present case the conjoined twins were fused from xiphisternum downwards, there were only 3 lower limbs.

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*See Figs. on Art Paper III*