FOETUSES COMPRESSUS

by

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In twin pregnancy, intrauterine death of one foetus may occur and if it takes place relatively early in pregnancy, the dead one may be retained in utero as a shrivelled up and compressed object, hence its name is foetus compressus or papyraceus (like paper). It is finally expelled with its surviving comparion at delivery. One such case is presented here.

CASE REPORT

Mrs. M. B., aged 26 years, Hindu, a 2nd gravida was admitted in Eden Hospital on 4-1-79 as a case of post caesarean pregnancy at term. She received regular antenatal check up from her 14th week of gestational period and did not suffer from any complicatioons.

Obstetric and Other Relevant History

Her previous pregnancy was terminated at term by L.U.C.S. in 1977 in this hospital for prolonged labour. A female baby weighing 2.5 kg was born. The baby is doing well. There was no history of twin pregnancy in her family. During this pregnancy she was also having no other complaints. L.M.P., 8th April 1979 and E.D.D., 15th January 1979.

On examination her pulse rate, blood pressure, haemoglobin levels were within normal range. Height of the fundus corresponded to term pregnancy. Foetal presentation was vertex, floating, left occipito-anterior. Foetal heart sounds were 136 p.m., regular. OS closed, cervix tubular. Head was high up.

Elective L.U.C.S. was undertaken on 11-1-79 for high floating head and a female baby with apgar score 10 at 1 minute and 2 kg in weight was delivered. The placenta was normal. Cervical canal was dilated from above by a finger and abdominal wounds were closed in layers.

During cleaning vagina of blood clots a small compressed foetus (Fig. 1) was found lying in the vaginal canel along with blood clots, the size of the foetus being 5.5 c.m. and weight 28 gms sex was not differentiated. The umbilical cord was 1.5 c.m. in length and there was evidence of twist along with constriction at the distal end which tapered gradually. The placenta was re-examined critically to find out the evidences of remnants of the second umbilical cord which could not be detected, nor was there any detectable abnormality of the placenta itself. The weight of the placenta was 720 gm. She along with her baby was discharged on the 8th postoperative day in good condition.

Comments

A case of foetus compressus is presented. The cause of such a condition was probably twist of the embryo with twists in the cord. Hence the vascular supply to the foetus was cut off in the early months as evidenced by twist and tapering end of the cord.

The gestational age of the foetus was probably between 10-11 weeks as the C-R length measured 5.5 c.m. and weight

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28 gms. Knotting of the cord is also one of the cause of death of one foetus in the early months. Donald (1969) opined that this phenomenon may be due to over powering of circulation of the unsuccessful foetus by the more powerful cardiac output of the survivor through the placental anastomosis.

Foetus compressus is commoner in uniovular twin than binovular because the vascular anastomosis between the two foetuses is very common in uniovular twin (Murty and Quadras, 1978). Zqgosety of the present case is difficult to determine. Single placenta, without the presence of other sac etc. pointed towards possible uniovular nature of the present case. The site of attachment of the other cord could not be located and this is difficult to explain.

The pathology of foetus compressus was studied by Kindard (1944). The liquor amnii gets absorbed gradually or leaks due to rupture of the sac. Dehydration leads to arrest in the process of maceration in the dead foetus and thus the formation of foetus compressus. This worker further postulated that there is some special fluid secreted after the absorption of liquor amnii which has got preservative property and prevents the destruction of compressed foetus. Further causes of foetus compressus have been described by Murty and Quadros (1978).

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See Fig. on Art Paper IV