

FOETUS ACARDIACUS

(A Case Reported)

by

T. S. CHEEMA, M.D.

Foetus acardiacus is an uncommon condition and is presented because it can pose clinical problems.

CASE REPORT

Patint B. K., aged 26 years, was admitted on 10-12-1978. There was a history of 8 months' amenorrhoea, and she was getting labour pains. She was a 5th gravida. The Hb. was 7.5 gm% and blood group AB positive. At the time of admission, the cervix was 3 fingers dilated and membranes intact. An X-ray picture was taken. The Radiologist's report was "Twins. Foetal parts of the lower foetus are well defined and appear normal. Second foetus lying in the upper part is showing malformation of the head."

A still born female baby was born at 4.45 p.m. and the second foetus, a fleshy mass (Fig. 1) was born at 7.00 p.m. Placenta with two cord was expelled spontaneously. There were no complications following delivery and the patient was discharged after 5 days. Because of the clinical interest, the placenta was sent to the Pathologist and foetuses were sent to the Professor of Anatomy of the Christian Medical College, Ludhiana. The report regarding the placenta was received in January, 1979.

Opinion: Normal placenta showing degenerative changes." The X-Ray picture of the abnormal foetus is shown in Fig. 2.

Accepted for publication on 31-1-81.

The Radiologist's report

"Shows cephalic malformation. The vault is absent and base of the skull is an irregular mass. Spine is normal. Upper limbs not defined and lower limbs are longer with swollen soft tissue. Air is collected at neck, thorax and upper abdomen. The appearances are consistent with foetus amorphous/foetus Acardiacus."

The Foetuses were sent to the Anatomy Department of Christian Medical College, Ludhiana. The report of the Professor of Anatomy was:

"Embryologically, normally may be explained under the term acardiac acephalic monster, or Holocardius acephalus, affecting uniovular monozygotic twins due to placental insufficiency leading to one of the twins to be abnormal like above (Fig. 1), the other becoming a normal term foetus."

Acknowledgement

I am very grateful to Dr. S. D. Khanna, Professor of Pathology, Christian Medical College, Ludhiana for the report on the placenta and to Dr. J. C. Saha, of the same institution for the report on the foetuses. My grateful thanks to Dr. Suresh Jhaver, M.D., for the detailed X-Ray reports.

See Figs. on Art Paper III