

CONJOINED TWINS

by

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Introduction

Intrapartum diagnosis of conjoined twins is quite rare and in most cases diagnosis is not established prior to the time of birth. Conjoined twins are usually monovular and can vary in degree of union and extent of sharing of vital organs. Surgical separation of viable twins has increased in recent years, with improved surgical techniques and will undoubtedly increase more. In the present study antenatal diagnosis of conjoined twins is made in 3 cases and delivery terminated by caesarean section.

In our institute autopsy study was carried in 3 cases of conjoined twins, out of these 2 cases were diagnosed by antenatal skiagrams.

The details of the above 3 cases are tabulated in table No. 1. Antenatal skiagram of twin 'A' revealed twin pregnancy both presenting as breech (Fig. 1). The babies are facing each other. Separate distinct foetal fat line is not visualised per abdomen. Long bones of both foetuses are overlapping each other. There

is deflexion of the cervical spine of the anteriorly situated twin with crowding of ribs. This picture was suggestive of some union along the ventral aspects of the babies and as such the possibility of conjoined twins was kept in mind. The X-Ray was repeated at a later date, showed no change in the position of the foetus (Figs. 2 and 3). Postnatal X-ray of the twin 'A' showed broad union along the ventral aspect of whole of thorax and abdomen. Antenatal radiological features were confirmed in postnatal skiagram. Barium injection into intestines showed common bowel being shared by the twins (Fig. 4).

Antenatal skiagram of the Twin 'B' showed twin pregnancy nearly transverse lie. The babies were facing each other separate distinct foetal fat line is not visualised per abdomen. Long bones of both foetuses are overlapping each other, kyphosis is noted at lower thoracic and upper lumbar in the first foetus. This picture was suggestive of some union along the ventral aspects of the babies and as such the possibility of conjoined twin was kept in mind. The X-ray repeated after one day revealed change in position of both foetuses but the relative relationship of both foetuses is maintained. Postnatal X-ray and photograph (Figs. 5 and 6) of twin B showed broad union along the

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TABLE I

Condition	TWIN-A	TWIN-B	TWIN-C
1. Gravida	5th Gravida Para IV	4th Gravida Para III	4th Gravida Para II
2. Gestational Age	36 weeks	38 weeks—Term	36 weeks—38 weeks
3. Sex	Both female	Both female	Both Female
4. Mode of delivery	L.S.C.S.	L.S.C.S.	L.S.C.S.
5. Placenta	Single 840 grms.	Single 720 grms.	Single 760 grms.
6. Type of conjoined twin	Thoracophagus	Thoracophagus	Thoracophagus
7. Cardio-vascular system	Single common heart two atria, single ventricle	Common atria with common ventricle, single A-V orifice. Hypoplastic Pul. trunk	Single ventricle and atrium
8. Respiratory system	Shows atelectasis with congested vessels	Hypoplastic lungs	Hypoplastic lungs
9. Liver and delivery system	Duplicated and normal in both cases	Separate organs for both twins with normal delivery system	Common liver
10. Adrenals	Both separate	Duplicated	Duplicated
11. Spleen	Indefinite masses of average size on both sides	Duplicated average size	Duplicated average size
12. Genito urinary	Separate and normal on both sides	Separate and normal on both sides	Separate and normal on both sides
13. Gastro-intestinal system	Bowel was shared by the twins	Bowel was shared by the twins	Separate bowel for both twins
14. C.N.S.	No abnormality detected	No abnormality detected	No abnormality detected

lower thoracic region and whole of abdominal wall. Antenatal radiological findings were confirmed.

It is difficult to establish the diagnosis of conjoined twins before delivery. The abnormality may be suspected in cases of twin pregnancy when both the babies present with same presentation and a straight film of the abdomen reveals; (1) twins facing each other, (2) Both foetal heads at the same level, (3) the thoracic cages of the foetuses are together, (4) unusual backward flexion of the cervical spines, (5) another X-ray at a lateral

date shows that there is no change in relative position of the foetuses.

Conclusion:

Conjoined twins should be suspected in a gravid patient with polyhydramnios, multiple gestation, in a kissing position and abnormal foetal attitude. (2) Amniography, foetal Ekg. preparation decision and care of foetuses should be carried out. (3) Decision as to vaginal delivery versus caesarean section should be based on the possibility of survival of the infants, their size, the point of their union and on attitudes revealed through a frank

discussion with the parents and the family. (4) The incidence, diagnosis and obstetrical management of conjoined twins are discussed. The condition is so rare that prenatal diagnosis is usually missed unless it is constantly born in mind. The best management would be to make a correct radiological diagnosis before labour and to deliver the conjoined twins by caesarean section.

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See Figs. on Art Paper X-XI