

SPONTANEOUS DELIVERY OF DICEPHALUS AT TERM

(A Case Report)

by

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Even obstetric specialists of considerable experience may see no more than one or two cases of double monsters in a life-time, nevertheless as any practitioner may find himself face to face with such an obstetric emergency.

CASE REPORT

Smt. S.D., 17 years old, 2nd gravida, who had first stillbirth at home one year ago, was admitted in the Labour Room of Patna Medical College Hospital as an emergency case on 21-12-1980. She was having term pregnancy with occipito-posterior position and was first seen at the end of first stage of labour. After A.R.M. which was done for acceleration of labour, within 1½ hours the head was delivered by face to pubes mechanism. But since further progress was arrested it was thought to be a case of shoulder dystocia and when both the shoulders were seen, suspicion of some congenital foetal malformation was made. However, after gentle traction for 15-20 minutes spontaneous delivery of the monster was achieved. It was still born (Fig. 1).

Description of the specimen:

Total weight—3 Kg. 250 gms., Wt. of pla-

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centa—500 gm., Length of umbilical cord—37 cms., Sex—Ambiguous, C.H. length of each foetuses—43 cms., Circumference of each head—30 cms., Length of each of 4 upper limbs and each lower limb—19 cms., Chest measurement at xiphisternum—32 cm., Abdominal girth at umbilicus—25 cms.

Thorax: Right normal oesophagus communicating with the common stomach and presence of a left blind oesophagus, two separate hearts with all appendages, two thymus glands, four lungs, one common sternum.

Abdomino-pelvic structures:

Common gall bladder, liver and spleen, common G.I.T., two kidneys and two ureters opening into the urinary bladder, presence of unilateral ovary and tube on the right side, imperforate anus, external genitalia appeared male type, but there was no evidence of testicular tissue.

Summary

A case of dicephalus weighing 3 Kg. 250 gm. and having ambiguous sex has been presented. Delivery was spontaneous after gentle traction during the 2nd stage. In such an emergency vaginal delivery of such monsters should always be preferred and attempted unless otherwise necessary.

See Fig. on Art Pa er I