

Management of twin pregnancy complicated by death of one of the twins during third trimester

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Management of plural pregnancy is variant due to its multifarious presentation starting from maternal disease to obstetric complications. It adds to the worries of the obstetrician when one of the twins dies in utero. The present case is reported for rarity of combination and dilemma of management.

The patient, Mrs. NT, aged 25 years gravida III, para O, was hospitalised on 2.5.97 at Jawaharlal Nehru Hospital and Research Centre, Bhilainagar, Madhya Pradesh at 29 weeks gestation because of hypertension and bad obstetric history. Previously she had one abortion and one premature still birth at seventh month for which no cause(s) could be ascertained. Her marital life was six years; the expected date of delivery 15.7.1997.

On examination, she was found to be moderately nourished, anaemic and oedematous; blood pressure was 150/100 mm of Hg; pulse rate 80/min, regular; cardiovascular and respiratory systems were normal. Laboratory investigations revealed Hb 10.8 gm/dl, TLC 11,100/cm, DLC P:80%, L:18% E:2%; blood group AB Rh positive. Kidney and liver function test results were normal. Urine output, and urinalysis were normal. Urine culture grew no organism. Ocular fundi: normal.

Per abdomen: height of uterus was more than the period of amenorrhoea. Multiple foetal parts felt; one foetus presented as vertex. Foetal heart sounds were heard at two different places. Hydramnios present. Ultrasonography revealed twin pregnancy of 29 weeks gestation

with normal foetal movements. Foetal heart sounds of first twin were 148/minute, and 2nd twin 150/minute. Patient was put on oral alpha methyl dopa 250 mg 8 hourly,

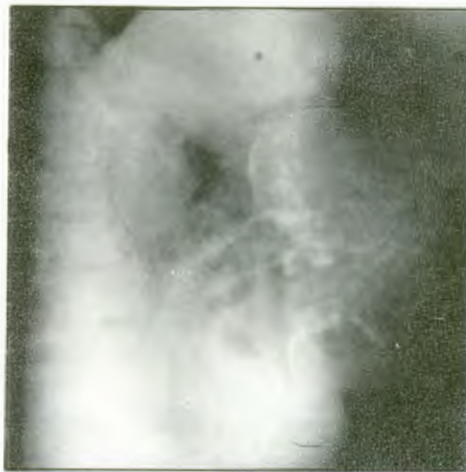


Fig. 1. Radiograph showing Spalding's sign in one of the twins



Fig. II. Macerated male fetus with degenerated placenta born "in caul"

isoxsuprine hydrochloride 10 mg 8 hourly, bed rest and salt restricted diet. She gained 3 kg weight during hospitalisation.

One of the twin's foetal heart sounds could not be heard on three consecutive examinations at 34 weeks of gestation. Repeat ultrasonography revealed intrauterine death of one of the twins, with positive Spalding's sign (Fig. I). Second twin foetus presenting as breech was alive with maturity of 35 weeks and 4 days. Patient's clotting time, bleeding time, platelet count, serum fibrinogen, and fibrinogen degradation products were normal. Elective caesarean section was done on 21.06.1997 at 37 weeks gestation under spinal anaesthesia. First live male foetus (weight 2.36 kg) was delivered as breech with APGAR score 6 and 8 at 1 and 5 minutes. Second male foetus

(weight 1.88 kg) was macerated and was born "in caul" (Fig.II) along with the diamniotic, monochorionic degenerated placenta which weighed 550 grams. Patient had a bout of atonic postpartum haemorrhage intra-operatively which was managed effectively with one unit of compatible plasma expanders and injection methergine.

Clinical examination and laboratory investigations failed to reveal any abnormality in the new born. Patient was discharged on eighth post operative day. Mother and baby are well on follow up after one month.