# An Unusual Case of Conjoined Twins in a Triplet Pregnancy 

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The incidence of triplet pregnancy is on rise with assisted reproductive techniques. Here is an unique case of triplet pregnancy in which there was a conjoined twin and a normal fetus in a spontaneous pregnancy. It has been reported due to its extreme rarity. There are a few cases in world literature but none reported in India till now.

Mrs. X, a 22 yr. Hindu housewife, a primigravida with one year marital life was admitted on 29/1/99 as an emergency case with amenorrehea 9 months, swelling over feet and giddiness, with a diagnosis of $37+w \mathrm{ks}$ pregnancy with severe preeclampsia with triplets. She had only one antenatal visit before this at $5^{\text {th }}$ month when she noticed an overdistension of her abdomen, an USG was done and she was diagnosed to have triplet pregnancy of 26 wks by a private practitioner.


Fig 1


Fig 2

LMP was $9 / 5 / 98$ and EDD - $16 / 2 / 99$. She had regular menstrual cycles, no history of contraceptive use or use of ovulation inducing drugs. There was no history of twins in family.

On Examination - BP - 190/110 mm of Hg. Urine albumin + , uterus was overdistended \& tense. Blood group $\mathrm{AB}+\mathrm{ve}, \mathrm{Hb} \%, \mathrm{LFT} ; \mathrm{s}, \mathrm{RFT}$ 's all were within normal range.

Same day she went into labour and Caesarean Section was done at 10.00 p.m. on 29/1/99 (Photograph I). $1^{\text {st }}$ fetus was in oblique breech Female 2.5 kg . $2^{\text {nd }}$ fetus was a female 2.3 kg . (photograph II) - a conjoined twin Thoraco-omphaloischiopagus bipus ie. Double headed (bicephalus) with common lower chest, abdominal wall, single pelvis and two lower extremities. This fetus had severe birth asphyxia and could not be revived. Placenta was Diamniotic and Dichorionic.

The post operative period was uneventful and mother was discharged on $10^{\text {th }}$ post op. day with one healthy child.

