

Discordant Twin Pregnancy

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An elderly primigravida, 34 yr old presented in O.P.D. of Gynae/Obstetrics department of Medical College, Amritsar with history 7.5 months amenorrhoea, for antenatal check up. She had conceived 15 years after marriage after taking some treatment from outside. General physical examination revealed B.P. 130/90mmHg with mild pedal edema. Per abdomen examination revealed height of uterus more than the period of amenorrhoea (36 wks). Her haemoglobin was 9.0gms% and urine did not show any abnormality. Ultrasonography revealed dichorionic diamniotic twins with gross difference in weights. The weight of the first twin was 1800gms + 300 gms with sufficient amount of liquor. No evidence of polyhydraminos was present. The weight of the second twin was 600gms + 100gm with oligohydroamios and asymmetric IUGR showing of elevated head-abdomen ratio. Patient was admitted in the hospital and weekly betamethasone injections were given in anticipation of preterm delivery. Clinical

examination and serial weekly ultrasonography were done to monitor the growth and biophysical profile of babies. At 35.2 wks of gestation ultrasonography revealed bradycardia in the second twin with no liquor. So emergency L.S.C.S. was done. Ist preterm female baby was taken out which cried immediately after birth with birth weight of 1800gms. Second smaller baby was enveloped in sac without any liquor and was taken out and cried after resuscitation. Its weight was only 750gm proving it to be a discordant twin (Fig. 1). Unequal placental mass was delivered along with the membranes. However no congenital anomaly could be detected in either of the twins. The smaller twin was referred to paediatric ward for better neonatal care.

In this case, discordant growth was due to unequal placental mass in dichorionic twins which is a typical example of fetal growth retardation caused by defect in the transfer of substrates from mother to infant.



Fig. 1: Discordant Twins