

Locked Twins – A Case Report

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Locked twins, quoted to have an incidence of 1 in 817 twin gestations, is a very rare clinical entity. One such case was admitted in the labour Room of S.C.B. Medical College, Cuttack at 7.30 p.m. on 14-3-2000.

Mrs. AD, a primigravida aged 25 yrs., was admitted in the labour room with complaints of inability to deliver the aftercoming head of a male baby at 35th week of gestation since 3 P.M. of 14-3-2000.

Her L.M.P. was on 9.7.99 and she had no antenatal check up nor was she immunized. She had been in labour since 10 P.M. of 13.3.2000 and had been attended by a local dai at home. Having failed, the dai advised her to attend our institute.

On admission, the patient was exhausted and dehydrated. Pulse rate was 94/min. and BP 120/70mm of Hg. Per abdomen examination revealed a contracted 28 week uterus wherein definite fetal parts could not be palpated. On auscultation FHS was absent.

On vulval inspection, a preterm male baby was seen delivered by breech (dorso anterior) and there was arrest of the aftercoming head. Cord pulsation was absent.

On vaginal examination another foetal head was felt low down in the pelvis preventing further descent of

the neck and head of the first baby. The cord of the second baby was compressed between its head and vaginal wall and cord pulsation was absent.

Having instituted an intravenous line, attempts were made to deliver the twins. A point to be noted at this juncture is that both the babies were dead.

Initially attempts were made to apply traction to the first baby so as to reach its neck to enable decapitation. But this caused further descent of the head of the second twin with no significant descent of the neck and head of the first twin. So, contrary to textbook advice, craniotomy of the second baby was done and a still born male baby weighing 1.8kg was delivered. Then the first baby, male weighing 2kg, was delivered. Inj. Syntocinon and methergin were given prophylactically. The placenta was delivered after 2 minutes. There was no PPH or any cervical or uterine injury. The postpartum period was uneventful and the patient was discharged on the 3rd post partum day.

Since interlocking is so rare, the combination of breech vertex presentation should not be an indication for caesarean section. The decision for vaginal delivery should be based on the same criteria used for singleton fetus with breech presentation.