An Unusual Case of Twin Pregnancy (Amorphous Fetus)

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The amorphous twin is an extremely rare complication of twin pregnancy, specifically monochorionic twin gestation, the incidence mentioned in literature is 1:35,000 births. Amorphous twin is one of the subtypes of acardiac twin, the others being – acardius anceps, acardius acephalus, acardius acormus.

Mrs. Fmp, a 22 year old G_2P_1, was admitted in OBGY Department of Government Medical College Hospital, Aurangabad on 14th February, 1998, with a h/o amenorrhoea 8 months and no other complaints. Her LMP was 20.6.1997; EDD 27.3.1998; PMC 3 day/30 days, regular, average flow. The first child was an FTND, female, 4 years; there was no h/o use of any contraceptives, but h/o treatment for secondary infertility. There was no family h/o twining or anomalous issues. However, the patient had received a course of norfloxacin and ciprofloxacin for treatment of UTI during early pregnancy.

On admission, her vital parameters were within normal limits. CVS and RS examination revealed no abnormalities; on PA the uterus was overdistended, multiple foetal parts were palpable, the FHS of one foetus were 150/min, regular; the FHR of the other foetus was only 80/min and irregular. On PV, os was closed and uneffaced.

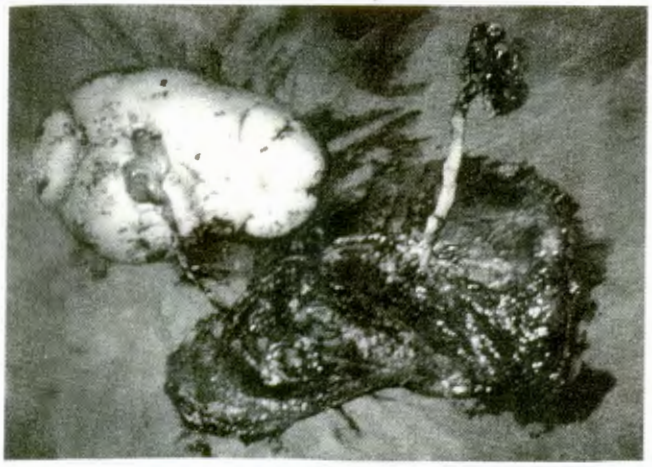

Fig. 1: Second fetus as an amorphous mass of tissue with single placenta

A USG scan performed on the same day revealed a diamnionic monochorionic twin gestation. One foetus was approximately 33 weeks gestation with no obvious congenital anomalies. The scan of the other foetus revealed the absence of head and limbs (acrania & amelia); a 3-chambered heart with pericardial effusion and bradycardia; gross subcutaneous edema; thoraco-lumbar spina bifida; the intestinal coils, kidneys and bladder could not be visualized; e/o mild hydramnios; e/o single, fundal placenta. Colour Doppler studies revealed a 2 vessel cord of the anomalous foetus. The diagnosis was kept as G2P1 with twin gestation with an amorphous twin.

The patient was kept admitted, received rest and hematinics. Follow-up scans revealed appropriate growth of the normal foetus (app. 35 weeks) without any signs of polyhydramnios, hydrops, or CCF whereas the findings for the amorphous foetus remained unchanged. The patient spontaneously went into labour on 15.3.98 and delivered a healthy, term, male baby (wt. 2750 grams, APGAR at birth was 9) and there were no gross anomalies. The second foetus delivered 5 minutes later. On gross examination, it appeared as an amorphous mass of tissue without any recognizable morphological features e/o acrania and amelia; e/o anal pit; wt. 1200 grams. The placenta was single, weighing 700 grams; the cord had a single umbilical artery and velamentous insertion. The amorphous foetus was sent for autopsy which confirmed the USG findings of 3 chambered heart, pericardial effusion, a primitive coelomic cavity lacking any viscera and rudimentary long bone in one extremity.