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CASE REPORT

Conjoined Twins

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Introduction

Twins is not a uncommon phenomenon but conjoined twins are indeed a rarity, since the event occurs only once in 50,000–60,000 births [1]. If twinning is initiated after the embryonic disc and amnionic sac have formed and if the division of the embryonic disc is incomplete, conjoined twins result [2]. We report a rare ease of conjoined twins who presented recently in our department.

Case Report

Mrs. K, 35-years old unbooked multigravida (G4P3L3) reported to outpatient's department with 6 months amenorrhea with polyhydramnios for antenatal checkup. Obstetrical history: first child of the patient was a full-term male delivered 14 years back; home delivery with no history of difficult or prolonged labour. He had shown delayed milestones. The child is unable to walk and is mentally handicapped spastic child.

Second and third children of the patient are 12 and 9 years old respectively. They are alive and healthy.

Menstrual history (past): 3–4/28–30 days, regular.

LMP: not known.

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No history of any major illness in past, any ding consumption including contraceptives in early pregnancy and exposure to radiation. No family history of twins.

On examination the woman was of average built and nutrition. Systemic examination was normal.

P/A excessive distension of abdomen.

FH corresponds to 32 weeks.
Fetal parts were difficult to palpate.
Exact presentation could not be made out.

Investigation Hb% 10 g%.

Urine examination routine and microscopic: within normal limits.

Sonography showed monochorionic monoamniotic conjoined twin pregnancy of 24 week 5 days with polyhydramnios, liquor >25 cm, Ps breech, placenta posterior, grade 1 maturity, fetal cardiac activity of both twins present, head, chest and abdomen of both fetuses fused.

After counseling the parents about the incompatibility of life of such twins and the risks and complication of spontaneous vaginal delivery of conjoined twins and after their consent a decision of elective cesarean section was made. The parents consented for tubal ligation too. After localization of placenta by sonography amniocentesis was done and approximately one litre of amniotic fluid was drained. Patient was operated under spinal anesthesia. A small nick was given over lower segment and excessive liquor was drained. The incision was then extended bilaterally. All the four legs propped out of lower segment wound. Babies were extracted out by breech. Both the babies were gasping

male and had a single placenta, babies were fused in the region of chest and abdomen so that they had four legs, four arms, and single head. The lower segment was repaired in layers followed by bilateral tubal ligation. There was no post-partum hemorrhage. Postoperative period was uneventful and the patient was discharged on eighth post-operative day.

Discussion

Conjoint twins exist on the margins of our notions of embodiment and individuality. They challenge the boundaries of medical, ethical and legal possibility (and permissibility) and their existence poses a threat to entrenched social values about the worth of lives that differ from the norm of one individual one body.

The name Siamese twins is sometimes used for conjoined twins. It was first used for the celebrated pair of conjoined twins, Chang and Eng Bunker, who died at the age of 63 in North California, 1874.

The birth of two connected babies can be extremely traumatic and approximately 40–60 % of these babies are delivered stillborn with 35 % surviving just 1 day. The overall survival rate of conjoined twins is somewhere between 5 and 25 %.

Conjoint twins are generally classified three ways:

- 73 % are connected at mid torso (at the chest wall or upper abdomen)
- 23 % at lower torso (sharing hips, legs or genitalia)
- 4 % at upper torso (connected at the head)

Over the years survival rates have improved as a result of more accurate imaging studies and better anaesthetic cooperative techniques.

Conjointment is seen as a medical condition that requires treatment, and the indicated treatment is invasive surgery to complete the process of splitting that was halted in the womb.

The diagnosis of conjoined twins can frequently be made at midpregnancy using sonography, which allows the parents to decide whether or not to continue the pregnancy. A thorough targeted ultrasound examination including a careful evaluation of point of connection and the organs involved is essential before counseling is provided [3].

Surgical separation of nearly complete conjoined twins may be successful when organs essential for life are not shared. Consultation with a pediatric surgeon often facilitates parental decision making. It must be remembered that monozygotic twins are at increased risk to be discordant for structural malformations, most likely because the process of twinning is a teratogenic event which disturbs the timing of normal developmental processes. As a result, conjoined twins may have discordant structural anomalies that further complicates decisions about whether or not to continue the pregnancy.

References

1. Tan KI, Goon SM, Salmon Y, et al. Conjoined twins. Acta Obstet Gynecol Scand. 1971;50:373–80.
2. Cunningham FG, MacDonald PC, Gant NF, et al. Williams obstetrics. 21st ed. New York: New McGraw Hill; 2003.
3. Van den Brand SF, Nijhuis JG, Van Dongen PW, et al. Prenatal ultrasound diagnosis of conjoined twins. Obstet Gynecol Surg. 1994;49:656–62.