

Research Article

A RARE CASE OF DICEPHALUS PARAPAGUS CONJOINT TWIN

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ABSTRACT

Here we are presenting a case report of dicephalus parapagus conjoint twin, a rare type of conjoint twin. Conjoint twin is one of the most interesting congenital malformations. Recent advancement in investigations provide earlier diagnosis and better prognosis

Key words:

Conjoint Twins, Dicephalus Parapagus

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INTRODUCTION

Conjoined twins are a rare obstetric event occurring 1 in 50,000 to 1 in 100,000 deliveries as a result of incomplete fusion of the embryonic disc before the third week of pregnancy after the ovum is fertilized.¹ Parapagus twins are the ones which are fused side by side with a shared pelvis. Spencer proposed a parapagus classification for anterolaterally conjoint twins:

1. Dicephalus- with two head
2. Diprosopus with two face

Out of all conjoint twins, parapagus dicephalus (anterolaterally joined two headed) twins account for less than 0.5% of all reported cases of conjoined twins and they rarely survive.²⁻⁷ By use of ultrasonography an early diagnosis and accordingly management can be done. In early pregnancy with malformed fetus patient can elect termination of pregnancy.

Case Report

A 33year old unbooked patient G4P1A2 with 9 month amenorrhoea with previous lower segment caesarean section (LSCS) with labour pains for 1 hour came to the Pt B D Sharma PGIMS rohtak. She did not had history of any antenatal visits. Patient was belonged to poor socioeconomic status and had no investigations/ ultrasonography records. On examination, patient was conscious, well oriented and had stable vitals. On per abdominal examination, uterus was found overdistended and corresponding to term size of gravid uterus, non tense, non tender. Fetal parts were palpable and fetal heart sound was not localized. Contractions of mild intensity were present. On per vaginal examination, cervix

was soft, 4cm dilated and 20% effaced. Membranes were absent, liquor was clear, fetal parts were felt high up and no bleeding per vaginum was seen.

Ultrasound was done at PGIMS which showed a conjoint twin with two fetal head one in lower uterine pole and other in right iliac fossa. There were two fetal heart with sounds were present. Patient was taken up for emergency LSCS in view of previous LSCS with conjoint twin in labour. Baby was extracted as breech. In present case it was dicephalus dibrachius dipus parapagus with two heart conjoint twin. Post-operative period was uncomplicated and uneventful. APGAR score was only one by ten at one minute, three at five minute and three at ten minute. Baby was male, weighed 3.3kg, placenta was 500g. Baby had resuscitation failure and expired after one hour of birth.



DISCUSSION

Diagnosis of conjoint twins before birth allows practitioners to minimize injury by planning a suitable delivery.⁸ Therefore a careful ultrasound examination is recommended for all suspected twins. Ultrasound before 20 weeks enables

obstetricians to counsel parents about potential termination, or about delivery and treatment options if pregnancy is continued.

Around 40% of conjoint twins are stillborn and 35% die in first 24 hrs of life.⁹ Only 60% of surgically treated conjoint twins survive due to heart, lung, abdominal and neurological malformations often present in them.

When they are identified before 20 weeks termination of pregnancy can be done. Before birth, caesarean section is preferred to avoid maternal trauma and to facilitate treatment of viable neonates. However, vaginal delivery may be attempted in case of premature or non viable fetuses. In present case patient was illiterate belonged to poor socioeconomic strata. In spite of being previous LSCS no antenatal visit and Ultrasonography was done. Had she arrived before 20 weeks termination would have been planned and patient would have been saved from LSCS and psychological trauma.

CONCLUSION

Proper antenatal visits and at least one Ultrasonography at 18/20 weeks should be done for early diagnosis. The termination of pregnancy for cases diagnosed earlier in pregnancy could be planned to decrease morbidity in newborns. The termination of pregnancy could be planned for this case if presented at earlier gestation. Antenatal scan must be mandatory which would help avoid misdiagnosis and rule out malformations in baby.

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