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Case Report

Conjoined twin parapagus dicephalus

Edy Fakhrizal*, Nola Yolanda

Department of Obstetrics and Gynecology, Medical Faculty, Riau University, Indonesia

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*Correspondence:

Dr. Edy Fakhrizal,

E-mail: dr.edyfakhrizal@lecturer.unri.ac.id

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ABSTRACT

A multi-fetus pregnancy occurs when there are two or more embryos or fetuses present at once. The most obvious anatomical position of the fusion of the fetal components can be used to classify conjoined twins, a rare congenital abnormality with an incidence of 1.5 per 100,000 births. A 29-year-old multiparous pregnant woman came to Arifin Achmad hospital, Pekanbaru, Riau. The patient received a referral from an obstetrician because there was a foetal abnormality. The patient did not have any complaints when he came to the hospital. The results of the ultrasound examination showed that the intrauterine Gemelli foetus was alive and had conjoined twins (parapagus-dicephalus). There are 2 pairs of legs, 2 pairs of hands, 2 heads, and 2 hearts. The patient was then planned for abdominal termination of pregnancy. A caesarean operation was performed, and a baby boy was born with 2 heads, 4 arms, 2 hearts, and 2 legs. With the baby's birth weight of 4200 gm, birth length of 47 cm, and Apgar score of 7/8, anal atresia was also found in the fetus. Pregnancy with multiple fetuses carries a high risk of maternal and perinatal morbidity and mortality. The risk of complications for both the mother and the child must be reduced by the early diagnosis of multi-fetus pregnancies with conjoined twins.

Keywords: Congenital anomaly, Conjoined twin, Parapagus-dicephalus

INTRODUCTION

A multi-fetus pregnancy occurs when there are two or more embryos or fetuses present at once. The most obvious anatomical position of the fusion of the fetal components can be used to classify conjoined twins, a rare congenital abnormality with an incidence of 1.5 per 100,000 births. The word "conjoined" comes from the Greek word "pagus," which means "fused together." According to their linked anatomical locations, conjoined twins can be classified into numerous varieties, including thoracopagus, sifoomfalopagus, pigopagus, ischiopagus, and craniopagus.¹ Thoracopagus conjoined twins account for 40% of all cases of conjoined twins, with omphalopagus (32%), pigopagus (19%), ischiopagus (6%), and craniopagus (2% of cases) following. Where "side-to-side" fusion takes place, it is known as a parapagus.²

CASE REPORT

A 29-year-old multiparous pregnant woman came to Arifin Achmad hospital, Pekanbaru, Riau. The patient received a referral from an obstetrician because there was a foetal abnormality. The patient did not have any complaints when he came to the hospital. The results of the ultrasound examination showed that the intrauterine Gemelli foetus was alive and had conjoined twins (parapagus-dicephalus). There are 2 pairs of legs, 2 pairs of hands, 2 heads, and 2 hearts. The patient was then planned for abdominal termination of pregnancy.

A caesarean operation was performed, and a baby boy was born with 2 heads, 4 arms, 2 hearts, and 2 legs. With the baby's birth weight of 4200 g, birth length of 47 cm, and Apgar score of 7/8, anal atresia was also found in the fetus. A paediatric surgeon was consulted, but it was not possible

to separate this condition. Two days after birth, the baby was declared dead by the pediatrics department due to heart failure. Inside the placenta, one placenta is found, with two umbilical cords and one velamentous cord inserted. In the foetus, there are two umbilici located close to each other. During her pregnancy, the patient admitted that she had five pregnancy checks with a midwife and twice with an obstetrician. During pregnancy, the patient never got sick; there is no history of congenital defects in the family; her husband is a smoker; and there are no pets at home. During this pregnancy, the patient had an ANC check with the midwife and only had an ultrasound examination at the age of 9 months with the obstetrician. The patient went home after the third day of treatment in good condition.



Figure 1: Ultrasound found 2 fetal hearts.



Figure 2: Conjoined twin baby.

DISCUSSION

One in 400 monozygotic twins or one in 50,000-100,000 births results in conjoined twins. Contrary to popular belief, conjoined twins exhibit male dominance in the

parapagus type, whereas female dominance is predominant in the thoracopagus type.³⁻⁴ Conjoined twins are typically split into three categories depending on the side of the body where the union takes place.⁵⁻⁶ In this instance, the baby's thorax, abdomen, and pelvis are united. Two pair of upper limbs, one pair of lower limbs, and two different heads are present.⁷ The fetus in parapagus conjoined twins has a side-to-side relationship with the same pelvis, which is an uncommon kind of conjoined twin. Parapagus instances are present in less than 0.5% of all cases of conjoined twins.⁸⁻¹⁰ In this occurrence, based on the architecture of the combined bodily parts, these are conjoined parapagus dicephalus twins. In this situation, there is one placenta with two umbilical cords, one of which has a velamentosa insertion, and in the umbilical part of the fetus. Generally speaking, conjoined twins have a bad outlook. 7.5% of people survive the entire time. Only 60% of the patients that were surgically separated survive. A better prognosis might result from prenatal imaging, postnatal surgery, if necessary, tissue expansion during surgery, and cadaveric transplant for important organs shared by the twins.¹¹⁻¹³

CONCLUSION

Pregnancy with multiple fetuses carries a high risk of maternal and perinatal morbidity and mortality. The risk of complications for both the mother and the child must be reduced by the early diagnosis of multi-fetus pregnancies with conjoined twins. For a better prognosis for the mother and fetus in multi-fetus pregnancies with conjoined twins, multidisciplinary management involving the pertinent departments is required.

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