Available online at http://www.journalijcmes.com

INTERNATIONAL JOURNAL OF CURRENT MEDICAL SCIENCES

CASE REPORT

ISSN: 2320- 8147

International Journal of Current Medical Sciences- Vol. 5, Issue, 10, pp. 72-74, October, 2015

TWIN PREGNANCY WITH FETUS PAPYRACEUS- A CASE REPORT

Saranya S.K* and Mirunalini S

Department of Obstetrics and Gynaecology, Rajah Muthiah Medical College Hospital Annamalai University, Chidambaram – Tamil Nadu

A R T I C L E I N F O

Article History:

Received 19th, September, 2015
Received in revised form 28th, September, 2015
Accepted 15th,October, 2015
Published online 28th, October, 2015

Key words:

Twin pregnancy; Intra-uterine death; Term gestation, Fetus papyraceus

A B S T R A C T

The term fetus papyraceus is used to describe a mummified fetus associated with multiple gestations where one fetus dies and is flattened between the membranes of living fetus and uterine wall. Though the maternal and fetal complications in affected cases can be severe, we report a case of fetus papyraceus managed conservatively without any complications. Successful outcome is related to careful monitoring during pregnancy.

INTRODUCTION

Multiple gestations have become one of the most common high-risk conditions encountered by practicing obstetricians. Twins represent approximately 3% of all live births[1]. Triplets and higher-order births, according to the Hellin-Zeleny hypothesis, have increased 470% and triplets now occur with a frequency approaching 1 in every 500 deliveries[2]. Multiple births result in 17% of all preterm births less than 37 weeks and 26% of all very low birth- weight (<1,500 g) infants and are at an approximate 7-fold greater risk of dying before their first birthday compared with singletons[2].

The term fetus papyraceus is used when intrauterine fetal demise of a twin early in pregnancy occurs, with retention of the fetus for a minimum of 10 weeks resulting in mechanical compression of the small fetus such that it resembles parchment paper[3]. Being a rare complication, the incidence of fetus papyraceous has been reported at 1 in 12,000 pregnancy[4], and ranges between 1:184 and 1:200 twin pregnancies[5]. We present a case report on on a twin pregnancy with fetus papyraceus

Case Report

A 23-year-old primigravida presented to us in labor at 38+6 weeks gestation with abdominal pains. She had a normal antenatal course with a history of excessive nausea and vomiting during the first trimester. Pregnancy was confirmed at 10 weeks by ultrasound which reported her pregnancy as twin gestation. Repeat sonograph at 22 weeks of gestation showed twin gestation with one viable fetus BPD- 53 mm, FL-37 mm, maturity of 22 weeks, and a non-viable fetus with absent cardiac activity with an FL-24 mm, maturity of 16 weeks; single placenta anterior in upper uterine segment; and no gross malformations in the viable fetus.she was also diagnosed with Gestational Diabetes mellitus in routine screening test. Patient was on medical nutrition therapy. Patient was lost to follow up after that. No term scan was done. . Her hemoglobin was 10 g% with B Rh positive blood group.

All other investigations were normal. Her coagulation profile was normal and her blood sugars were within normal limits. Abdominal examination revealed a term size uterus with cephalic (2/5) presentation with fetal heart rate of 106/ minute with good uterine contractions .CTG showed prolonged fetal bradycardia and hence she was shifted for emergency LSCS and she delivered a male baby of 2.5 kg of APGAR of 6/10 ,8/10. Placenta and membranes were delivered in toto. On careful examination of placenta, the fetus papyraceus along with its calcified placenta was found adherent to the placenta of the live twin (fig.1). It was identified as dichorionic - diamniotic placenta with a fetus papyraceous in the layers

Corresponding author:* **Saranya S.K
Department of Obstetrics and Gynaecology, Rajah Muthiah Medical College Hospital Annamalai University, Chidambaram – Tamil Nadu

of placenta (fig .1). The crown rump length of this fetus papyraceus was 8 cm and weighed 100 grams(fig.2). The normal baby did not have any anomalies and is now under follow up to assess any developmental delay

Figure 1 Healthy placenta of the surviving twins along with the fetus papyraceus and its calcified placenta

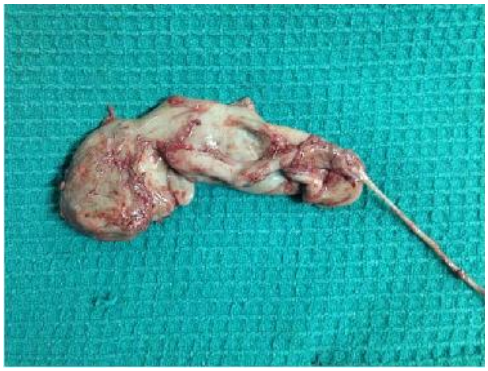

Figure 2 Fetus papyraceus with its cord

DISCUSSION

Multiple pregnancies exhibit increased complication rates such as the risk of preterm birth and increased maternal risks. They are at higher risk of specific complications which include preterm labour, IUGR, discordant twins, twin-to-twin transfusion syndrome (TTTS), fetus in fetus[6], selective intrauterine growth restriction (IUGR), death of one twin, and twin reversed arterial perfusion (TRAP) sequence[7,8]. In multiple pregnancies, single IUFD poses a significant risk of perinatal mortality and serious neurological impairment to the surviving co-twin more in monochorionic than dichorionic[9]. Congenital anomalies like intestinal atresia, gastroschisis, absent ear, aplasia cutis, central nervous system damage and anomalies of the heart have been reported[10,11]. Single fetal death in a multiple pregnancy should be referred and assessed in a regional fetal medicine center[12]. Close follow up is of utmost importance. Coagulation profile should be checked every 2 weeks and the surviving twin's wellbeing should be monitored closely with ultrasound and Doppler. Any anomalies in the surviving twin should be ruled out before making the decision to continue pregnancy.

Neonatal cranial ultrasound is recommended after delivery. Serious compromise in the surviving fetus may be anticipated and this should be discussed with parents[12]. Fetal magnetic resonance imaging provides more detailed information about brain lesions in the surviving fetus and its use is recommended[13]. However, in many cases of fetus papyraceus, there are no complications to the mother or to the surviving twin, as described in the case presented here. Antepartum diagnosis of fetus papyraceus is infrequent and it is usually an incidental finding during investigation of some other pregnancy problems. No correlation to maternal age, parity or gravidity with fetus papyraceus has been discovered[14]. Expectant management with close maternal and fetal surveillance is advised.

CONCLUSION

The primary concern of fetus papyraceus is its effect on the surviving fetus and on the mother. So, for conservative management, to avoid the possible complications, once the intrauterine diagnosis of fetus papyraceus is made, there should be close follow in the form of serial ultrasound examinations and coagulation profile for a better maternal and neonatal outcome.

Acknowledgements

The authors reported no conflict of interest

References

1. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacher F, Kirmeyer S. Births: Final Data for 2004. National Vital Statistics Report. Vol 55. No 1. Atlanta, GA: Centers for Disease Control and Prevention; 2005.
2. The American College of Obstetricians and Gynecologists. (2004) Multiple gestation: complicated twin, triplets and high-order multifetal pregnancy. ACOG Practice Bulletin number 56. American College of Obstetricians and Gynecologists, Washington, DC
3. Dickey RP, Taylor SN, Lu PY, Sartor BM, Storment JM, Rye PH, *et al.* Spontaneous reduction of multiple pregnancy: incidence and effect on outcome. Am J Obstet Gynecol 2002 Jan;186(1):77
4. Rathi BA, Rathi SM. Fetus papyraceous - a case report. J Obstet Gynaecol India 2003;53:188.
5. Woo HH, Sin SY, Tang LC. Single foetal death in twin pregnancies: review of the maternal and neonatal outcomes and management. Hong Kong Med J 2000 Sep;6(3):293-300.
6. Murtaza A, Kanhaiya C, Mahore S, Maimoon S. Fetus in Fetu: A Rare Presentation in an Adult Female. OMJ 2010;25.
7. Hack KE, Derks JB, Elias SG, Franx A, Roos EJ, Voerman SK, *et al*. Increased perinatal mortality and morbidity in monochorionic versus dichorionic twin pregnancies: clinical implications of a large Dutch cohort study. BJOG 2008 Jan;115(1):58-67.
8. Al Riyami N, Al-Rusheidi A, Al-Khabori M, Al-Dughaishi T. Perinatal outcome of monochorionic in comparison to dichorionic twin pregnancies. *Oman Med J* 2013 May;28(3):173-177.

9. Fusi L, Gordon H. Twin pregnancy complicated by single intrauterine death. Problems and outcome with conservative management. Br J Obstet Gynaecol 1990 Jun;97(6):511-516.
10. Mittal P, Khanna M. Two papyraceous fetuses in a triplet pregnancy. *J Obstet Gynaecol* India 2007;57:77-78.
11. Upadhyaya I, Pradhan M, Sharma R. Twin pregnancy with fetus papyraceous. *JNMA J Nepal* Med Assoc 2009 Jul-Sep;48(175):246-248.
12. The Royal College Obstetrician and Gynaecologists, Green-top Guideline Management of Monochorionic Twin Pregnancy, Green-top 51, December 2008.
13. Righini A, Salmona S, Bianchini E, Zirpoli S, Moschetta M, Kustermann A, *et al*. Prenatal magnetic resonance imaging evaluation of ischemic brain lesions in the survivors of monochorionic twin pregnancies: report of 3 cases. *J Comput Assist Tomogr* 2004 Jan-Feb;28(1):87-92
14. Daw E. Fetus papyraceus–11 cases. Postgrad Med J 1983 Sep;59(695):598-600

****