Conjoined Twins in a Triplet Pregnancy

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Summary

Conjoined twins in a triplet pregnancy is an extremely rare occurence. We present here, a 27-year-old multigravida with gestational diabetes and a conjoined twins in a triplet pregnancy.

Key Words: Conjoined twins, Triplet pregnancy, Gestational diabetes

Introduction

The incidence of triplet pregnancy in Malaysia has been reported to be about 1 in 4838 pregnancies[1]. Conjoined twins in a triplet pregnancy is extremely rare. Koontz *et al*[2] in 1985 found only 9 reported cases and added a 10th, the first to be diagnosed antenatally by ultrasound. We report here, the first conjoined twins in a triplet pregnancy in Malaysia, complicating a pregnancy in a mother with gestational diabetes.

Case Report

Madam O.H.K., a 27-year-old Chinese lady, gravida 4, para 2, abortion 1, was referred from the peripheral health centre for gestational diabetes and uterus larger than dates at 22 weeks of gestation. Ultrasonographic examination revealed a triplet pregnancy, the biparietal diameter and femur length of all the fetuses corresponding to the period of gestation. The placenta was upper segment and the liquor volume was normal. The blood sugar profile which was done on admission, showed high blood sugar levels and the patient was started on actrapid for the control of her diabetes. She was followed up regularly, with blood sugar profile and the actrapid doses were adjusted accordingly. Her diabetic control, generally was good. Repeated ultrasonography at 26, 30 and 34 weeks, showed the fetuses were growing well and the liquor volume was normal. The latest ultrasonography showed all the triplets to be in breech presentations.

She presented with established preterm labour at 35 weeks of gestation. An emergency Lower Segment Caesarean Section was performed soon after admission. The first triplet was delivered easily. The second and third triplet were noted to be conjoined at the thoraco-abdominal region and were delivered with some difficulty, 3 minutes later. All the triplets were girls and were within a single sac. The first triplet weighed 2.25 kg. and had an Apgar Score of 9 and 10 at 1 min. and 5 mins. respectively.

The combined weight of the second and third was 3.8 kg. The second triplet had an Apgar Score of 3, 4 and 6 and the third an Apgar Score of 4, 5 and 7 at 1, 5 and 10 mins., respectively.

All the triplets were admitted to the Special Care Nursery (Fig. 1). The first triplet made an uneventful recovery and was discharged well. However, the conjoined twins succumbed to septicaemia with disseminated intravascular coagulation. They died 59 hours later. The mother made an uneventful recovery and was discharged well on the fouth post-operative day. Her glucose tolerance test done six weeks later was normal.

Discussion

Conjoined twins in a triplet pregnancy is hazardous for both, the conjoined twins and the normal third infant. Tan *et al*[3], in his review stated that, only 4 of the 9 third infant survived. In this case, despite the

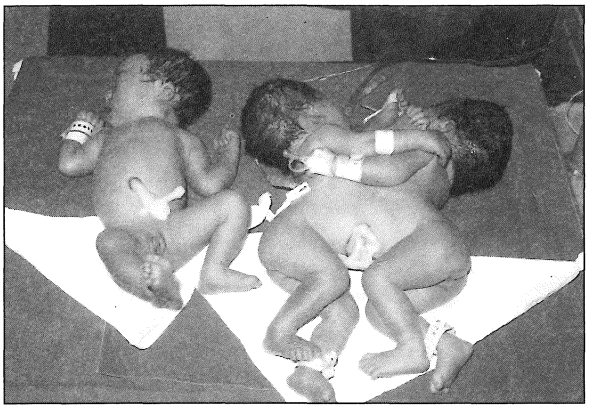

Fig. 1: Conjoined twins in triplet pregnancy

triplet pregnancy with conjoined twins being complicated by gestational diabetes, the third infant survived. This was partly attributed to the gestation on delivery (after 35 completed weeks) and the good diabetic control antenatally.

Despite a number of ultrasound scans, to check on the growth of the fetuses, the conjoined twins were not discovered, antenatally. This was probably due to the twins being joined at the thoraco-abdominal region. Hence, the heads, spines and the long bones were not involved, making ultrasonographic diagnosis more difficult. Koontz *et al*[2], in describing the first case of conjoined twins in a triplet pregnancy, diagnosed antenatally with ultrasound, had the conjoined twins with a single head but two separate bodies. This made the ultrasound diagnosis easier.

Antenatal diagnosis of this situation has the potential of improving the perinatal outcome. It will facilitate the preparation for the delivery and the neonatal care of the triplets, especially the conjoined twins. Detection of this rare occurence of a conjoined twin in a triplet pregnancy by ultrasound, needs a high degree of suspicion. This is especially so today, where ovulation induction agents have contributed significantly to multiple pregnancies. Such triplets however, are mostly trizygous.

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