

CASE REPORT

Twin Pregnancy Discordant for Anencephaly with Severe Polyhydramnios

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ABSTRACT

Twin pregnancy is a high-risk pregnancy with many complications. Anencephaly is one anomaly which is commoner in twins than in singleton pregnancy. Dizygotic as well as monozygotic twins discordant for structural anomaly requires an individual approach regarding pregnancy complications. The major issue with these pregnancies require early diagnosis and management options, especially if diagnosed early. Selective fetocide is a management option in at least dizygotic twins.

Keywords: Anencephaly, Dizygotic, Monozygotic, Twins.

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INTRODUCTION

Twin pregnancy is a known high-risk pregnancy with its own inherent complications, like postpartum hemorrhage (PPH), polyhydramnios, antepartum hemorrhage (APH), etc. Prevalence of structural anomalies like anencephaly is higher than in singleton pregnancy.^{1,2} In a study, the prevalence was found to be 10.4/10000 in singleton.³ The prevalence of concordancy for anencephaly in monozygotic twins is twice as high as in dizygotic pregnancy.⁴

We present an interesting case of twin pregnancy where the patient presented with severe polyhydramnios in labor in the emergency.

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CASE REPORT

Mrs X a 26 years old female, fourth gravid with all three live issues reported to the emergency department of Teerthanker Mahaveer Medical College and Hospital, Moradabad, Uttar Pradesh, India, with complaints of amenorrhea of seven and a half months, excessive distension of abdomen since the past 1 month, excessive weakness, breathlessness along with pain lower abdomen for the last 2 days. Patient had consulted a untrained birth attendant, who referred her to our hospital.

Her general condition was satisfactory with a pulse rate of 94/minute, BP was 120/80 mm Hg, temperature was normal, severe pallor and pedal edema were present.

On per abdomen examination, the abdomen was over distended with a tense shiny skin, both flanks were full. Liquor was increased clinically. Multiple fetal parts were felt. Both fetal heart sounds were localized. Uterine contractions were felt. One of the fetus was breech and the other cephalic.

On per speculum examination, no leaking was present.

On per vaginum examination, os was 3 cm dilated, patulous, 30 to 40% effaced and membranes were present.

Routine investigations were as follows:

- Hemoglobin: 4.4 gm%
- TLC: 11,600
- DLC: P84L16
- Blood sugar: 84 mg%
- Blood urea: 27 mg%
- Urine: Protein in traces
- VDRL: NR

Ultrasonography revealed twin pregnancy, presentation of one fetus was breech and the other cephalic. Average gestational age was 30 weeks, first fetus was anencephalic and other was normal. The amniotic fluid index (AFI) was 30 cm. Ultrasonographic-guided amniocentesis was done to prolong the pregnancy and reduce the maternal distress.

The patients was admitted and kept on conservative management with intravenous antibiotics and injection betamethasone. Two units of packed red blood cells was transfused and the patient was left for spontaneous labor.

The patient delivered vaginally after 3 days of admission. The first twin was born by breech and the

second twin (anencephalic) was born by vertex. Placenta was diamniotic dichorionic. Polyhydramnios was present in the sac of the second twin. First baby weighed 1.6 kg and the second weighed 1.5 kg.

The anencephalic baby expired after 1/2 hour of birth and the normal baby was admitted in NICU. The postpartum period was uneventful, the patient was given hematinics, antibiotics and other supportive treatment and was discharged on the third day of delivery.

DISCUSSION

Dizygotic as well as monozygotic twins discordant for structural anomaly requires an individual approach considering chorionicity, amnionicity, gestation at presentation, kind of fetal abnormality and potential risk for pregnancy complications.

The major issues with these pregnancies require early diagnosis and management options, especially if diagnosed early. Management options include as follows:⁵

- Abortion of both fetuses
- Continuation of pregnancy with serial ultrasound monitoring
- Selective feticide

A study on selective earlier feticide showed a reduced risk to the normal fetus and gestation to delivery interval is prolonged for the normal twin.⁶

Sebire et al⁷ in 2005 in a retrospective analysis highlighted the various management option including selective feticide, continuation of pregnancy with ultrasound monitoring and abortion in early gestational age.

In our case, the patient reported with 30 weeks of twin pregnancy with polyhydramnios and was an unbooked case. We put the patient on conservative/expectant line

after draining the liquor by elective amniocentesis but still the patient delivered 3 days after drainage.

But, it needs to say that large multicenter randomized studies are needed to answer for the best management options. Early diagnosis through routine ultrasound examinations between 10 and 14 weeks will further help in management.⁸

Last but not the least specially in developing countries, regular antenatal examinations and routine ultrasound screening will help in the long run.

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