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Case report of fetus papyraceus in a di-chorionic di-amnionic twin

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Conflicts of Interest: Nil

Abstract

Fetus papyraceus more commonly seen in monochorionic di-amnionic twins. Its incidence is 1:12,000 pregnancies and between 1:184 and 1:200 in twin pregnancies. It is seen rarely in di-chorionin di-amnionin twins. It is one of the rare complications of twin gestation. It results from failure to completely reabsorb the dead fetus.

Keywords: Fetus papyraceus, di-chorionic di-amnionic twins

Introduction

Fetus papyraceus more commonly seen in monochorionic di-amnionic twins. Its incidence is 1:12,000 pregnancies and between 1:184 and 1:200(1) in twin pregnancies. It is one of the rare complications of twin gestation. It results from failure to completely reabsorb the dead fetus. It is seen rarely in di-chorionin di-amnionin twins.

Case Report

30-year-old, primigravida, with 36weeks 2 days of gestation presented with the complaints of bleeding per vagina since 1 hour. Perceiving fetal movements well.No other complaints. She is married for 4 years and conceived with infertility treatment. Patient gives history of having diagnosed as twin gestation at 1st trimester and subsequently loosing a twin and having bleeding per vagina from 3 and half months till 6 and half months.

She is a known case of Diabetes mellitus since 2 years on treatment and is well controlled. Started on insulin since 3rd trimester. Hypothyroidism since 2 years on T. thyronorm 25 mcg OD

On examination: she was conscious, cooperative, well oriented to time place & person, vitals stable. Per abdomen examination showed term size, irritable uterus, with un-engaged head. FHR–148bpm. Other systemic examination was within normal limits. Further

examination showed active leak & bleeding pervagina. Cervix was 2cm dilated. Shoulder presentation.

First trimester USG showed -Dichorionic and diamniotic live twins, Fetus1- Gestational age 13wks 6days. Fetal cardia shows hypoplastic left ventricle and left atrium with dilated right atrium and right ventricle. Fetus 2- Gestational age 13weeks 5 days with normal NT and NB.

She was suggested to undergo selective termination of the abnormal foetus. She decided to continue the pregnancy without selective termination. After 15 days patient presented with continued bleeding per vagina, with stable vitals. On examination,16 weeks relaxed uterus with FHR 140/ minute and foetal heart sounds of one twin was absent. Cervical os closed with no fresh bleeding through the os, only brownish discharge seen.

As there was loss of one twin, both mother and foetus were closely monitored. Mother closely monitored for coagulopathy. Fetal close monitoring done as risk of subsequently losing the surviving twin was greater. She continued to have bleeding per vagina till 28 weeks of pregnancy. Serial scans showed normal interval growth of the fetus.

Emergency LSCS done at 36+weeks of gestation, in view of shoulder presentation. A live child weighing 2.7 kg delivered with APGAR: 1 minute 8 and 5minutes 10. Placenta and membranes delivered. A papyraceous foetus with the placenta and membranes adherent to the right lateral wall noted and delivered. There was fresh bleeding after removal of this placenta. Vascularity was more in the region where placenta of papyraceous fetus was attached. PPH managed by suction cannula and medical management.

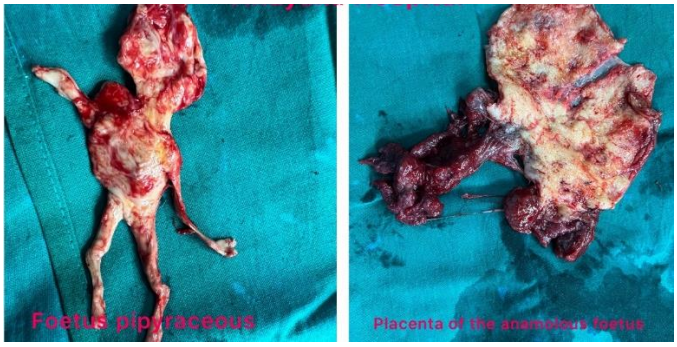

Fig 1: shows fetus papyraceus on the left and its placenta on the right

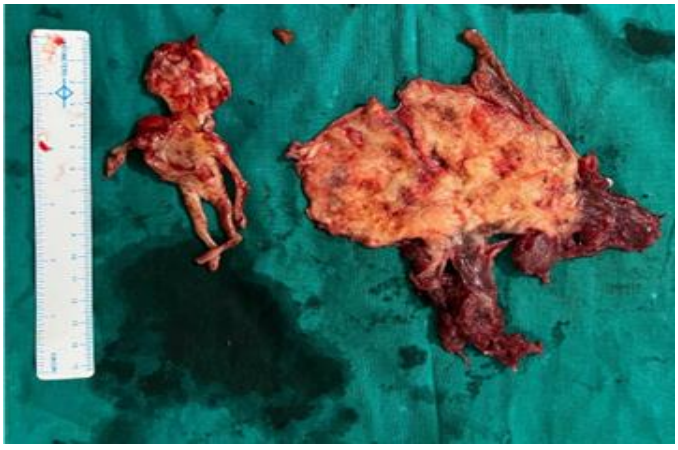

Fig 2: comparative measurement of fetus papyraceus and its placents in di-chorionin di-amnionin twins

Fig 3: healthy twin & placenta with fetus papyraceus.

Discussion

Early pregnancy scan to diagnose chorionicity and amnionicity helps in close monitoring of high-risk cases of multiple gestation. Prognosis of surviving twin depends on gestational age at the time of the demise and duration between the demise and delivery of the surviving twin. Diagnosis of fetus papyraceus is mostly

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accidental, wide use of USG for regular antenatal scan helps in diagnosis.(2)

Conclusion

Twin pregnancy management is based on the diagnosis and the status of both the mother and surviving fetus. Death of one dichorionic twin is due to a discordant congenital anomaly in the first trimester, it should not affect the surviving twin. Single fetal death during the late second and early third trimesters has increased risk to the surviving twin, delivery generally occurs within 3 weeks of diagnosis of fetal demise, thus antenatal corticosteroids for survivor lung maturity should be considered.

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