Intrauterine fetal demise of one twin baby and survival of the fittest”

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CASE REPORT

"Intrauterine fetal demise of one twin baby and survival of the fittest"

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Abstract

We report a case which aims to highlight how multiple problems may exist in a single patient, yet can be managed with a favourable outcome. This patient of ours had infertility, RPL, genital TB. After successful treatment of infertility and TB, she had intrauterine demise of 1 baby of twin, thereby presenting multiple challenges, yet had a good outcome.

Key Words: RPL, Demise of 1 twin.

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Clinically recognized pregnancy loss is common accounting for 15 to 25% of all pregnancies. Recurrent pregnancy loss is defined as 2 or more failed clinical pregnancies (1). It is estimated that fewer than 5% woman experience 2 consecutive miscarriages and only 1% experience 3 or more (2). Multiple gestations have become one of the most common high-risk conditions encountered nowadays. Twins represent approximately 3% of all live births (3).

CASE REPORT:

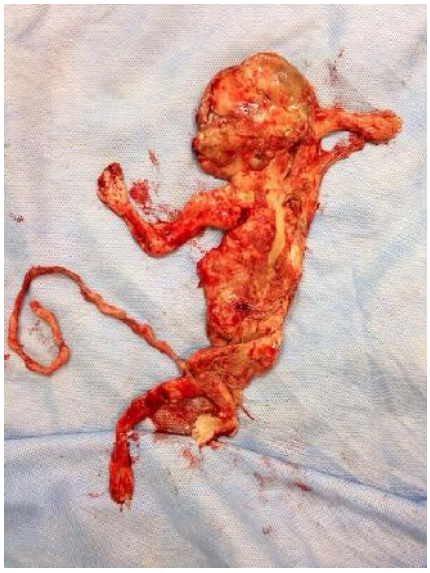
35 years old elderly G4A3 with history of recurrent pregnancy loss registered with us at 3 month of twin pregnancy for safe confinement. She had a non consanguineous marriage since 5 years. She was taking treatment for primary infertility. She had undergone laparoscopy in 2012, hysteroscopy in January 2013 as a part of her infertility management

She conceived for first time in March 2013 after 5 cycles of Intra Uterine Insemination, which turned out to be missed abortion at 6 weeks. Second conception was after 7 cycles of Intra Uterine Insemination in November 2013, which turned out to be missed abortion at 11 weeks. She was diagnosed to have

genital tuberculosis with help of endometrial tissue TB PCR and had received anti tubercular therapy (AKT) for 9 months in 2014
During AKT, she conceived with 1cycle of In Vitro Fertilization in May 2014, which was again a missed abortion at 12 weeks. Karyotyping of abortus was suggestive of Monosomy.

Then she conceived spontaneously in November 2014. At 14+1 weeks pregnancy she came with Per Vaginal bleeding. Ultrasound (USG) was suggestive of diamniotic dichorionic twin pregnancy with
Fetus A – caudal fetus with IUD with cystic hygroma and absent liquor, sac was at os
Fetus B – cranial fetus was normal
Patient and her relatives were counselled regarding patient's condition and risks involved to the mother and fetus on continuation of pregnancy. She was managed conservatively with monitoring of coagulation profile [PT INR, APTT, FDP] and USGs at regular intervals which were normal for the gestational age. Medications like progesterone supplements were given throughout pregnancy. She underwent cervical encirclage at 19 wks of pregnancy. Rest of the ANC period was uneventful. At 37 wks pregnancy she underwent an elective caesarean section for breech presentation and delivered a healthy female term baby 2.5 kg. Second twin and its placenta was removed from the uterine cavity and sent for HPR. It was suggestive of fetal papyraceous. Placenta was examined and was found to be diamniotic and dichorionic.
Postnatally baby's karyotype was nor[illegible]olic
[illegible]months, [illegible]ll.

FETUS PAPYRACEOUS



HEALTHY FEMALE BABY AT 2 MONTHS FOLLOW UP

DISCUSSION:

Recurrent Pregnancy Loss is defined as three or more consecutive miscarriages in first trimester of pregnancy. (2,4) The American Society for Reproductive Medicine defines RPL as two or more failed pregnancies, which have been documented by either ultrasound or histopathological examination.(1) RPL affects 0.4 - 1% of couples.(5)

Genital tuberculosis (endometrial and salpingoophoritis) is a known cause of infertility in women (6, 7). Incidence of genital tuberculosis in infertility clinics is around 17.4% in India (8). Kulshreshtha et al. had reported 22.9% spontaneous pregnancies following genital TB treatment (9). Our patient fits into definition of recurrent pregnancy loss and she was further evaluated and diagnosed to have genitourinary tuberculosis. She received anti tubercular therapy and conceived spontaneously within 1 year.

The incidence of fetus papyraceous has been reported as 1 in 12,000 pregnancy (10) and ranges between 1:184 and 1:200 twin pregnancies (11). 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 (12). Attributable causes for the IUD of one fetus include twin-twin transfusion syndrome, membranous or velamentous cord insertion, true cord knot, cord stricture, placental insufficiency, and congenital anomalies (13). The primary concern of one dead fetus in twin pregnancy is its effect on mother and surviving co-twin. In dichorionic twins, the prognosis for the surviving twin is relatively better and immaturity is the risk factor. In the case of monochorionic twins, the prognosis is poor and associated with neurological damage in the survivor (14). Our patient had dichorionic diamniotic twins. Maternal complications include pre-term labour, infection from a retained fetus, severe puerperal haemorrhage, consumptive coagulopathy, and obstruction by a low lying fetus papyraceus causing dystocia leading to caesarean delivery. It is necessary to make a timely diagnosis to prevent severe complications. Maternal coagulopathy rarely develops within 1-month after the fetal death, although, if retained longer, approximately 25% will develop a coagulopathy. Hence close follow up with monitoring of coagulation profile every fortnight is mandatory. This patient was managed

conservatively and she underwent caesarean section without any fetal or maternal complications.

CONCLUSION:

Thus we conclude,

Evaluation of Recurrent pregnancy loss should be commenced after 2 consecutive clinical pregnancy losses. The protocol for evaluation of recurrent pregnancy loss should include screening for chromosomal disorders, antiphospholipid antibody syndrome, infections, uterine anomalies, hormonal and metabolic disorders.

The primary concern in management of one dead fetus in twin gestation is its effect on the surviving fetus and the mother. To avoid complications, early intrauterine diagnosis of fetal demise of one baby by ultrasound is a must and conservative management in the form of coagulation profile monitoring and USG at regular intervals for better maternal and neonatal outcome is critical.

We report this case to highlight how multiple problems may exist in a single patient, yet can be managed with a favourable outcome. This patient of ours had infertility, RPL, genital TB and intrauterine demise of 1 baby of twin, thereby presenting multiple challenges, yet had a good outcome.

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