

Conjoined twins, a rare and challenging congenital malformation: a case report.

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Abstract: The conjoined twins are a rare and challenging congenital anomaly not only from treatment point of view but also from diagnostic point of view. A 32 year old woman G₂ P₁₊₀, L₁ came to labour emergency of Burdwan Medical College Hospital with pain abdomen in a 32 week gestation. She was in early labour. She was diagnosed, at the local chamber by USG, to have conjoined twins. Thoracopagus live female conjoined twins were delivered by caesarean section. The twins died in the nursery next day morning (26/05/13 4.35A.M.)

Key Words: conjoined twins, thoracopagus

I. Case History

Mrs Mitali Dhara 32 years old G₂ P₁₊₀₊₀₊₁ residing at a remote village of BURDWAN district of West Bengal, India, attended labor emergency of Burdwan Medical College Hospital, a rural tertiary care centre on 25/05/13 at 8.32A.M with complain of pain abdomen from the night. Her LMP was on 15/10/12, EDD on 22/07/13 and period of gestation was 32 weeks. She was diagnosed to have conjoined twins (thoracopagus) by ultrasonography done at 24 weeks of gestation. On examination she had mild pallor, pulse 88/min regular, blood pressure 110/70 mm of Hg. Uterine size corresponded with 36 gestational week size, one head was palpable at fundal grip and one fetal heart sound was audible at the left spino-umbilical line just below the umbilicus. She was in early labor with fully effaced cervix and 2.5-3cm dilated cervical os. Patient was admitted and advised for emergency LSCS. Before being sent to the OT blood was drawn for Hb% estimation, grouping and cross-matching and once again she was sent for the departmental USG for confirmation. But report of which was inconclusive. We went ahead with our decision for LSCS. Live thoracopagus conjoined twins, both females were delivered by breechs during LSCS with no intrapartum or postpartum complication till discharge on 4th postoperative day.

After diagnosis by ultrasonography mother went to a couple of radiologists. Nobody was sure of existing pathology. But the patient did not come to the Burdwan Medical College Hospital for confirmation. After that patient was in dilemma whether to terminate and where to terminate the pregnancy. When the pain abdomen started she went to a local nursing home. The nursing home medical board referred the patient to any Medical College Hospital, a tertiary care centre, for better management of the mother as well as unborn preterm baby.



USG showing single heart rate tracing



• USG measuring gestational age



Both heads are at same level

picture 1



picture 2 showing thoracopagus conjoined twins

II. Discussion

Conjoined twins are identical twins¹ whose bodies are joined in utero. Conjoined twins are also known as Siamese twins as it came from famous conjoined twins Chang and Eng Bunker(1811-1874), born in Siam, Thailand². Conjoined twins is a rare phenomenon. The occurrence is estimated to range from once in every 50,000 to 200,000 births³. In our hospital the incidence is 1 in 278000 births. Most of conjoined twins(70%) are female⁴ which was corresponded our finding. Approximately 40 to 60 percent of conjoined twins are born alive,

and about 35 percent survive only one day. The overall survival rate for conjoined twins is 25%^{4,5}. One of the most common type thoracopagus twins, makes up about 40 percent of all conjoined cases. These twins are connected at the upper portion of the torso and share heart. Two contradictory theories explain the development of conjoined twins. The older theory is fission, in which the fertilized egg splits partially. The second and more generally accepted theory is fusion, in which the fertilized eggs completely separated but stem cell find like-stem cell on the other twin and fuse the twins together. Being monozygotic conjoined twins have single chorion and single amnion like some monozygotic non-conjoined twins which also share these structures in utero⁶. Separation of conjoined twins is very difficult as majority share viscera and blood vessels. Diagnosis of conjoined twins is as difficult as its separation especially in the rural areas.

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