The First Trimester Ultrasonographic Diagnosis of Conjoined Twins: Case Report

Conjoined twins are seen extremely rare and most cases are thoracophagus. A 26-years-old woman was admitted to our prenatal diagnosis centre for first trimester screening. We detected a twin fetus with thoraco-omphalopagus that was diagnosed in the first trimester at 11 weeks gestation according to the last menstrual period and 11 weeks and 1 day of gestation according to crown-rump length via ultrasonography. The twins were fused to each other at the thoracic and abdominal regions (thoraco-omphalopagus). In conclusion, detection of the conjoined twins can be achieved by ultrasonography during first trimester screening.

Key Words: Pregnancy trimester, first; ultrasonography; twins, conjoined

Conjoined twins are monochorionic and monoamniotic twins fused at any portion of the body and it results from incomplete division of the embryonic disc about 13 to 15 days after conception. The exact frequency of conjoined twins is not established but occurrence is estimated approximately 1 in 250,000 live births. Thoraco-omphalopagus is one of the most common type of conjoined twins shared an anterior (face-to-face) connection of the upper half of the trunk and abdominal wall. Diagnosis of conjoined twins is difficult in first trimester however the use of high-resolution ultrasound transducers has a significant role in diagnosis of conjoined twin the first-trimester.

We report a case of thoraco-omphalopagus twins diagnosed in first trimester by ultrasound and confirmed postnatally.

OLGU SUNUMU CASE REPORT

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We report a case of thoraco-omphalopagus twins diagnosed in first trimester by ultrasound and confirmed postnatally.
CASE REPORT

A 26-years-old woman with gravida 2, parity 1, abortus 1 was admitted to our prenatal screening centre. Her pregnancy was 11 weeks according to her last menstrual period. Ultrasound was revealed an 11 weeks and 1 day old fetus according to CRL (crown rump length: 43.1 mm) (Figure 1A, B). The embryos were fused to each other at the thoracic and abdominal regions. There was two fetal heads facing each other with one trunk, abdomen, four arms and legs; the pelvises were not conjoined. Single conjoined heart was detected with color doppler ultrasonographic examination. The parents wanted to medical termination that was done by 400 mg intravaginal misoprostol. The weight of aborted twins was 15 g and twins were joined from thorax to umbilicus (Figure 2). In postnatal examination, two fetal heads, hyperextension spines, single heart, shared liver, separated stomach and bladder, four arms and legs, single umbilical vein, three umbilical arteries were detected.

DISCUSSION

The sonographic diagnosis of conjoined twins was first reported in 1976. Increasing use and participation of ultrasound in the prenatal screening has resulted in an increased detection of conjoined twins in first trimester. But there are some difficulties in detailed prenatal assessment of fetal anatomy such as maternal obesity, the position of the fetuses in utero and the presence of oligohydranmios. However, ultrasound still maintains its importance and furthermore increases its place to be an important tool in prenatal diagnosis of conjoined twins through recent advances in ultrasound technology, the usage of color Doppler flow studies.

Two fetuses facing each other, hyperextension of the cervical spine, skin and mirror image body parts with limbs close together are the diagnostic ultrasound criteria for thoraco-omphalopagus conjoined twins. The presence of a single heart, liver and umbilical cord and increased size of those confirms the diagnosis. In our case two fetuses fac-
ing each, fused thorax and abdominal wall with a single heart, separated pelvis were the sonographic diagnostic criteria for thoraco-omphalopagus and confirmed postnatally.

The degree of shared organs between fetuses has a major role in the prognosis of conjoined twins. Other imaging modalities such as MRI (Magnetic resonance imaging) may provide complementary information to ultrasound and those are useful in the predicting prognosis through detection of shared organs, vascular anomalies and other abnormalities. In our case, other imaging modalities were not used, because single heart was detected via color Doppler examination at 11 weeks gestation and parents requested medical termination after diagnosis.

In conclusion, an early diagnosis of the conjoined twins can be detected within first trimester by ultrasound scanning. As well as early diagnosing of conjoined twins, prognostic information is crucial in the management of pregnancy and appropriate counseling of the parents.

REFERENCES