

2. A Rare Presentation of Monochorionic Twin Pregnancy

Multiple pregnancy currently account for 3% of live births. Multiple pregnancy is associated with higher risks for mother and babies. Maternal mortalities associated with multiple pregnancies is 2.5 times that for singleton birth. A monochorionic twin pregnancy is one in which both fetuses are dependent on a single shared placenta. Multiple pregnancy is associated with increase in maternal complications such as increased pregnancy symptoms, anemia, PIH, miscarriages, PPH etc. It also leads to a higher incidence of fetal complications like IUGR, preterm birth, mal-presentations, congenital malformations, sudden demise of one or both fetuses, twin-twin transfusion syndrome due to vascular placental anastomoses etc. Such complications are seen in monochorionic twins more compared to dichorionic twins.

A G3P2L2, with previous two normal deliveries and live issues presented in OPD with 2 months amenorrhea and was received by Dept. of Obstetrics & Gynecology. Routine investigations were carried out for the case. On USG she was diagnosed as monochorionic diamniotic (i.e. single placenta with two amniotic sac) twin pregnancy. She was advised regular antenatal visits. At 16 weeks after getting anomaly scan she was admitted and a prophylactic cervical encirclage was done.

She was then called for regular and frequent visits. Her last scan showed 1st fetus in vertex presentation and the second in breech presentation. At 34 weeks betamethasone coverage was given for fetal lung maturity. At 36 weeks plus 3 days she presented in labor room with labor pains. Cervical stitch was removed and labor was allowed to progress. Twin babies were delivered vaginally with first in vertex 1.8 kg and second “breech” 2.0 kg. Both the babies had spontaneous cry after birth. There was an evidence of minor atonic PPH in mother, which was managed conservatively, and patient was stable.

The most astonishing feature was the presence of “true knot” in the cord of first baby diagnosed after delivery but there was no distress to the baby. The incidence of true knot is 1.25%. Fetuses with true umbilical knots are at a four-fold increased risk of stillbirths.

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