Objective
Conjoined twins are seen very rarely. We are reporting a case of thoracopagus that was diagnosed at 12 weeks of gestation.

Methods
A 27-year-old woman with gravida 2, parity 1, was admitted to our unit because of twin pregnancy at 12th weeks’ gestation. Ultrasound examination was performed using a 7.5 MHz transvaginal probe with two-dimensional ultrasonography. The crown-rump length measurements were 49 mm and 51 mm respectively, consistent with 12 weeks of gestation. The fetal chests were fused and only one fetal heart was seen (Figure 1). Both twins nuchal translucency measurements were above the 95th percentile for gestational age (Figure 2). The woman elected to undergo pregnancy termination. The pregnancy was terminated with the help of misoprostol. Postmortem examination confirmed the diagnosis of thoracopagus (Figure 3).

Results
Figure 1. USG image showing thoracopagus at 12 weeks’ gestation Figure 2. USG image showing increased NT’s of both of twins. Figure 3. Gross specimen of aborted conjoined twin.

Conclusion
The incidence of conjoined twins is 1 in 50,000 to 1 in 100,000 births. It is proposed that the origin of conjoined twins is at the primitive streak stage of the embryonic plate (15–17 days), and results from an error in blastogenesis due to incomplete fission of a single zygote. The prenatal diagnosis may be suspected and confirmed if two fetuses cannot be visualized separately in a single gestational sac. As the heart anomaly is a crucial factor in survival and the detection in very early pregnancy is important. In our case there was a single heart in prenatal imaging. An early diagnosis of conjoined twins is crucial for the further management of pregnancy and appropriate counseling of the family. After 18th weeks, transvaginal termination may be difficult and the delivery could require a major surgical procedure. We consider this an important measure in maintaining a high quality of prenatal diagnosis.