Objective
Twin reversed arterial perfusion sequence (TRAP) is a rare complication unique to multifetal monochorionic pregnancies. We report a case of TRAP sequence in a monochorionic-diamniotic triplet gestation that emphasizes the importance of gray-scale and color Doppler imaging in the diagnosis.

Methods
A 30 year old woman with gravida 1, parity 0, abortus 0, admitted to our unit because of triplet pregnancy at 10th weeks of gestation. She underwent IVF treatment with transfer of one ‘day 3’ embryo resulting in a monochorionic-diamniotic triplet pregnancy. The three embryos appeared to share the same trophoblast, with two of them sharing the same amniotic sac. The two amniotic sacs were divided by a thin membrane (Figure 1). The fetuses located same sac were looking normal.

Results
It was detected absence of cardiac activity in one of the triplets located the separate sac. Also reversed flow in the umbilical cord of acardiac fetus was showed on Doppler ultrasound examination. Generalized soft-tissue edema was seen in this fetus and the amniotic fluid volumes were normal. (Figure 2). Complications and options for treatment were discussed with the pregnant and her husband. The parents decided to continue the pregnancy without any treatment. Evaluation one week later revealed that all of the fetuses have died at 11th weeks of gestation. The pregnancy terminated by vaginally and the pregnant didn’t accept any examination on fetuses.

Conclusion
This condition occurs in 1 in 35000 pregnancies and in 0. 3% of all monozygotic twin gestations. One well-developed normal (pump) twin and the other twin with absent cardiac structure (acardiac), who is hemodynamically dependent on the normal (pump) twin are characteristic of this syndrome. The etiology and patho-physiological mechanisms are not well understood. It is characterized by lack of heart development associated with a spectrum of malformations and reduction anomalies in one of the twins, which is perfused in a paradoxical retrograde fashion by a structurally normal ‘pump’ twin through a single artery-to-artery anatomosis. The definitive diagnosis of acardiac twin may be easily established with color flow imaging at presentation by simply demonstrating the presence of blood flow within the abnormal fetus. The most common complications accounting for this disproportionately high mortality rate include congestive cardiac failure in the pump twin, polyhydramnios and preterm delivery.