Objective
To report a case of TTTS in Quintero stage IV, treated by fetoscopic laser ablation of vascular anastomoses, which resulted in complete regression of hydrops on the recipient and the appearance of ischemic injury of left lower limb.

Methods
Case report.

Results
Patient at 23 weeks and 3 days of monochorionic diamniotic pregnancy with TTTS in Quintero stage IV: Fetus 1 (recipient): Polyhydramnios, ascites, pericardial effusion, cardiomegaly and subcutaneous edema. Estimated weight of 677g, high levels of resistance in the umbilical artery (Pl: 2.05) and reversed flow in a-wave of the ductus venosus (Pl: 2.14). Fetus 2 (donor): oligohydramnios (stuck twin), visualized bladder, 419g, normal Doppler indices in the umbilical artery (Pl: 1.14) and normal flow of the ductus venosus (Pl: 0.97). Held fetoscopic laser ablation of placental anastomoses (Solomon technique) and amnioreduction of 2.5 liters, without complications. The pregnancy continued for 10 weeks after the laser, with complete regression of hydrops, normalization of amniotic fluid volume in both bags and growth resumed in the donor, which exceeded the recipient in weight from the 26th week until birth. The delivery occurred 69 days after treatment, with 33 weeks and 5 days, due to premature labor. The recipient (twin 1) weighed 1,305 g, Apgar score 8/9, Ht 38%, with ischemic necrosis of left lower limb until the proximal third of the thigh, exposing the femur. On the same day, left transfemoral amputation was performed without complications, with little bleeding and the baby remained hemodynamically stable. There was progressive improvement and on the second day after surgery, the baby was extubated to nasal continuous positive airway pressure (CPAP) in a FiO2 of 21%. The baby also had leucopenia and transient neutropenia, with a good postoperative surgical outcome. On the fourth day after surgery the newborn showed a sharp O2 saturation drop, bradycardia and massive pulmonary bleeding. Tracheal intubulation and mechanical ventilation were performed. The baby quickly evolved into cardiopulmonary arrest. Resuscitation was performed without success resulting in its death. The donor (Twin 2) weighed 1,710 g, Apgar score 8/9 and Ht 48%. He developed early respiratory distress and was supported by nasal CPAP for 10 days in a maximum FiO2 of 30%. Surfactant was not necessary. It presented some ventricular extrasystoles in the first days of life, resolved spontaneously. Cranial ultrasound on the fifth day did not show evidence of brain injury and the echocardiogram on the seventh day showed ductus arteriosus closed and patent foramen ovale. The newborn received phototherapy for three days with a maximum total bilirubin of 10.5 mg/dl, with a predominance of indirect bilirubin. There were no further changes. The patient recovered and was discharged in good condition 22 days after birth, weighing 1,980 g and Ht 45%, without any evidence of sequels so far.

Conclusion
This is a case of severe TTTS (stage IV), submitted to the optimal management (laser coagulation of placental anastomoses). Despite the good progress after treatment (regression of hydrops in the recipient), there was a rare complication of ischemic injury of the left limb, and death in the late postoperative period. The outcome of the case corresponds to the literature data, which in severe stages of the disease, the survival of at least one of the twins is expected in about 90% of cases treated by laser and this survivor presented a healthy condition at discharge.