Objective
Nowadays, twin gestation is increased due to advances in assisted reproduction. Unquestionably, these pregnancies have an increased risk of fetal and maternal disorders. The incidence of single fetal death is dependent on gestational age: in the first trimester between 10-70%, in the second and third trimester it is a rare event, 0. 5-7%. Early death of one twin does not have any adverse effect before 16 weeks gestation. However, in the second half of gestation the morbidity and mortality of a single fetal are increased and maternal blood disorders are more common.

Methods
Because of the rarity of later fetal death in twin pregnancy, we present three cases of this event that have occurred in our hospital in 2014 which were treated with conservative management.

Results
We present a case of a dichorinic diamniotic twin pregnancy in which there was spontaneous fetal death of the second twin at 17 weeks, the pregnancy continued with from the second trimester with a papyraceus fetus. The cause of death of the fetus was attributed to Edwards Syndrome. The second case is of a dichorinic diamniotic twin pregnancy in which there was spontaneous death of the second twin at 29 weeks attributed to fetal triploidy. The last case is of a dichorinic diamniotic twin pregnancy in which there was spontaneous fetal death of the second twin at 16 weeks, the cause of death of the fetus was attributed to Down Syndrome. The second twin was delivered without structural complications and no documented impact on the mother.

Conclusion
Although described in the literature an increased risk of morbidity and mortality of the living twin after the death of one of the fetus, these cases pregnancies and childbirths progressed without complications.