Objective
The aim is to report the cases of delayed-interval delivery of dichorionic twin pregnancies admitted to our center and review the management of this condition.

Methods
Two case reports of delayed-interval delivery (DID) of dichorionic twin pregnancies conceived after assisted reproducive techniques (ART).

Results
We report two cases admitted to our emergency department at 19 weeks and 24+2 weeks of gestation. In both cases first twin's placenta was left in place and high ligament of umbilical cord was performed. There was no first twin survival. Both patients received antibiotic therapy and bed rest was instituted. This approach allowed a delaying duration in delivery of the remaining twin of 125 and 10 days, respectively. Both second twins survived with good outcome.

Conclusion
Preterm delivery is the most common complication of multiple gestations and is associated with high perinatal mortality. Although delivery of the first fetus is inevitable in this situation, successful delaying of the co-twin is sometimes feasible and can be lifesaving. Management of DID represents a great challenge to clinicians by its paucity and the inexistence of an universally accepted management protocol. Prolonged bed rest, cervical cerclage, tocolysis, antibiotic prophylaxis and corticosteroids are managing possibilities but frequently debatable issues. DID allows better neonatal outcomes for the second twin. Our cases are illustrative of the variability on the mean duration of delay (125 days versus 10 days), as described in the literature.