A case of fetus papyraceus

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Objective
Fetus papyraceus is characterized by the intrauterine death of fetus which is then compressed between membranes and the uterine wall. After a while, fetus becomes mummified and takes a parchment-like appearance. It is a rare complication with an incidence of 1 in 12,000 live births seen mostly among twin pregnancies according to a demise of a co-twin in early gestation. Herein, we presented a fetus papyraceus case in a singleton pregnancy that was retained in the uterus for five months.

Methods
A 34-years old, gravida 5, para 3, abortion 1 pregnant woman was referred with a diagnosis of missed abortion at 33+1 weeks' of gestation, due to her last menstrual period. Ultrasound examination revealed an intrauterine located, calcific, compressed fetus consistent with 12 weeks and 6 days according to crown-rump length without cardiac activity (Figure 1). Her cervical os was closed at vaginal examination. Previously she had had a transvaginal ultrasonographic examination that indicated a single, alive, 9 weeks-old embryo at the 9th week according to the last menstrual period. However, she had none follow-up visit, but reported no complaints thereafter. The pregnancy was terminated by vaginal 400 mcg misoprostol insertion. Macroscopically, fetus was flattened, calcific and had an appearance of parchment paper. The placenta was calcific in patches and was attached partially to the fetus (Figure 2a-b).

Results
In multiple pregnancies, if one of the siblings dies, it is reabsorbed in the uterine cavity. The dead fetus is not always being reabsorbed completely; the other growing fetus may compress the dead fetus ending it to take form of a flattened, parchment state known as fetus papyraceus. Missed abortion refers to the embryo or fetus that was retained for a long time in the uterine cavity. Commonly, without any intervention, spontaneous miscarriage would eventually ensue with vaginal bleeding, cramping, watery discharge, pelvic pressure and lower back pain. If the dead products of conception remain in the uterine cavity for a long time, pelvic infection, sepsis syndrome, disseminated intravascular coagulation may occur. Pregnancies with a diagnosis of missed abortion are terminated by dilatation & curettage. In our case, the patient had no complaints regardless of the last time fetal cardiac beat was observed that was over 24 weeks ago. However, in our case, without any symptom, the dead fetus and placenta were retained in the uterus for months. Since potential risk of sepsis, abnormal bleeding, and disseminated intravascular coagulation were reported in the literature, such cases should be terminated promptly. In our case, about 24 months have been passed after the demise of the embryo, but the patient did not experience any such severe complications. We can think that after a critical time period, the possibilities of these fatal complications are reduced as seen in our case. So the time period must be defined by further studies, for counseling patients about the possible mortal complications in women who had missed abortions.

Conclusion
Our case is the one of the most rarely seen ones that dead products of conception were retained in the uterine cavity over months without inducing any complaint or complication in a singleton pregnancy. Even though fetus papyraceus predominantly complicates multiple pregnancies, it can also occur in single pregnancies without causing any complaints or ending in abortion. During this period the fetus may take a parchment-like appearance as a result of mechanic compression of uterine wall without giving harm to its mother.