



# Acute bleeding from a vanishing twin pregnancy

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**OBJECTIVE** To describe a case of third trimester bleeding from a singleton pregnancy that had an early vanishing twin. Literature review was made.

**METHOD** G3P1, 38 years old at 37<sup>4/7</sup> weeks pregnancy, was referred due to acute painless bleeding. Patient was hemodynamically stable. Physical examination showed normal uterine tonus, symphysis-fundal height of 39cm, fetal heart rate present. Speculum examination demonstrated moderate/severe bleeding through the maternal external cervical os.

Ultrasound examination revealed a single cephalic fetus, normal amniotic fluid volume and a fundal placental.

Transvaginal examination showed an heterogeneous irregular mass above the internal cervical os, measuring 52 x 37mm. Doppler examination demonstrated a low resistance arterial supply.

The patient reported that at 7 weeks of gestation she was diagnosed with a vanishing twin in a dichorionic pregnancy. No other pregnancy complications or abnormal ultrasound findings were reported throughout pregnancy.

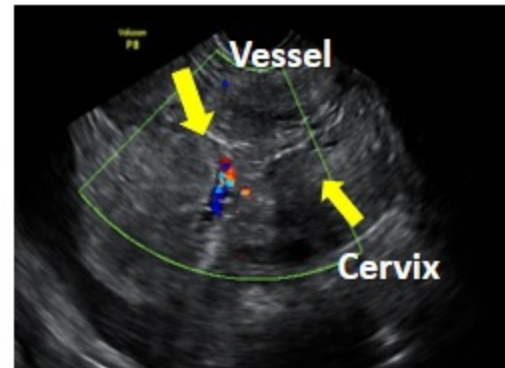
## CONCLUSION

Most often, vanishing twins evolve to complete reabsorption, a papyraceus fetus or can be recognized as an amorphous material on the placental surface. Late second and third trimester hemorrhage complicates 4-5% of all pregnancies. Placenta previa, abruptio placenta, uterine rupture and vasa previa are the main causes. Less commonly, polyps and other cervical lesions can be the cause.

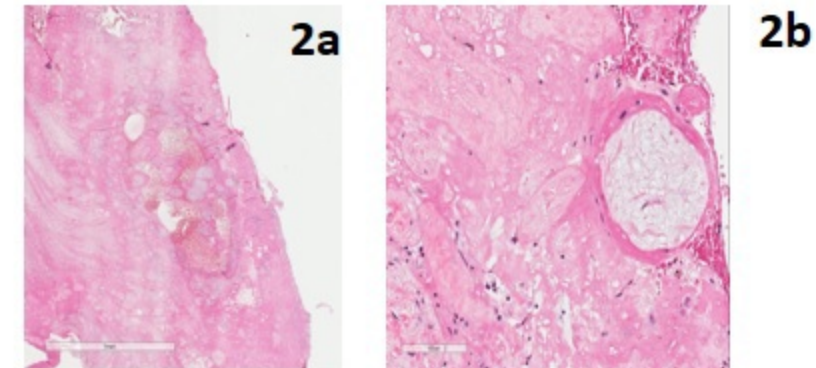
In this case, third trimester acute hemorrhage was caused by a vanishing twin's residual trophoblastic tissue and further couples should be counseled regarding the possibility of this rare complication.

**RESULTS** A healthy male baby was delivered by cesarean section with a birthweight of 3.985g, 8-9 Apgar scores and clear amniotic fluid.

In the uterine cavity, a brownish irregular mass was identified above the internal cervical os and removed. Its arterial vascular supply was clamped. Histological examination showed that this mass was composed by both necrotic decidua and chorionic villi.



**Figure 1** Tumor above internal cervix with vascularization.



**Figure 2a** Histological analysis: necrotic chorionic villi tissue

**Figure 2b** Magnified view: chorionic villi with calcification