AIM: To determine the outcome of pregnancies with TRAP sequence diagnosed prenatally and managed in our unit

Materials and methods: This is a retrospective analysis of all the pregnancies with TRAP sequence who were referred to our centre from February 2013 to April 2017. All patients were offered interstitial laser after 16 weeks, if the blood flow in the acardiac twin was found to be persistent.

RESULTS: 234 monochorionic twin pregnancies
18 (7.69%) cases of TRAP were diagnosed
5/18 (27.7%) opted for termination
7/13 (53.8%) underwent interstitial laser
Survival rate of normal twin 7 (100%)
Preterm delivery 1 (14.2%)
6/13 (46%) Expectant management
Survival rate of normal twin 2/6 (33.3%)
Spont miscarriage 4/6 (66.6%)

Conclusion
Our study shows that there is a high risk of spontaneous loss in untreated pregnancies with TRAP due to polyhydramnios and over distention. In the pregnancies treated after 16 weeks, there was a much more favourable outcome as the blood flow in the acardiac twin had not ceased. We recommend intervention in the pregnancies with TRAP after 16 weeks, especially when the blood flow in the umbilical artery cord of the acardiac twin shows good flow as this is unlikely to cease.

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