

A case of dicephalic parapagus conjoined twins

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Objective

To present a case of dicephalic parapagus conjoined twins with multiple congenital anomalies detected in the third trimester.

Methods

A 29-year-old gravida 3 para 2 pregnant woman with no previous history of spontaneous abortion or still birth was referred from a maternity home to our hospital on account of severe lower abdominal pains, mild bleeding and loss of liquor per vaginum in a 28weeks gestation. She had no family history or previous births with congenital anomalies. On examination of the patient's maternal records book, an earlier scan was done for her at a different hospital which detected a 14weeks singleton gestation. In her present state, ultrasound performed in our facility revealed polyhydramnios and a mildly dilated cervix. Further assessment revealed an abnormal-looking fetal head with absent brain tissues and cranium above the orbits which was seen just adjacent a fairly formed head with intact brain tissue and cranium. The well-formed head however depicted a cleft lip and palate. Also noted were two well-formed spines fused at the sacral region. No evidence of spina bifida was detected. A single trunk with two normal upper limbs as well as two lower limbs with club feet were seen. Normal appearance of a single liver, two kidneys, stomach and urinary bladder were seen. The heart and lungs were normal. Normal umbilical cord insertion also detected. The ultrasound conclusion of a dicephalic parapagus conjoined twins with multiple gross anomalies was hence made.

Results

Patient had a spontaneous abortion about 6 hours after the ultrasound scan and the conjoined twins died few hours after delivery. Gross examination after delivery revealed two fetal heads (lying side-by-side) on a single trunk; with one head demonstrating anencephaly and the other head showing cleft lip and palate. Bilateral club feet were also detected.

Conclusion

Conjoined twinning are rare occurrences in monoamniotic gestations; usually occurring as a result of late division of the embryos. This anomaly occurs in about 1 in every 200,000 live births; with a spontaneous abortion rate of about 60% and a fair number of conjoined twins dying few hours after birth. Dicephalic parapagus are rarest forms of conjoined twins with few cases reported in literature. Detection of dicephalic parapagus conjoined twins might be missed if careful thorough ultrasound scan is not undertaken in the early, mid and late trimesters. We therefore suggest attempts must be made in the early third trimester to undertake a thorough anomaly scan of a fetus particular in mothers who present late for antenatal visit in order to detect congenital anomalies which may have been missed in the first trimester. Also, anomaly scan in the first and second trimester must be encouraged in all setting for early detection of fetal anomalies for early counseling and termination.

