A systematic review of early intrauterine intervention at 12\textsuperscript{0} to 16\textsuperscript{6} weeks in twin reversed arterial perfusion sequence
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Objective
To review the perinatal outcomes of early intervention in pregnancies complicated by twin reversed arterial perfusion (TRAP) sequence.

Methods
A comprehensive search from inception to November 2020 was conducted on databases including MEDLINE, EMBASE, Cochrane Library and LILACS. All studies that reported intervention in twin or triplet pregnancy complicated with TRAP sequence at 12\textsuperscript{0} to 16\textsuperscript{6} weeks of gestation were eligible. A descriptive and bivariate analysis was performed.

Results
Out of the 181 full-text articles, 41 studies reporting 101 cases of early intervention in TRAP sequence were included. A successful procedure was achieved in 98 (95.1%) interventions: 83(94.3%) among twin pregnancies and 15(100%) among triple pregnancies. An overall livebirth rate was achieved in 71 patients (70.3%): intrafetal laser group 51 (75.0%), radiofrequency 10 (76.9%) and endoscopic laser 3 (75.0%). The median gestational age at delivery was 38 (IQR, 36\textsuperscript{2} to 40\textsuperscript{6}) weeks. The median treatment–delivery interval was 23\textsuperscript{12} (IQR, 20\textsuperscript{4}–25\textsuperscript{6}) weeks. The most frequent adverse outcomes reported were preterm labor in 7 (14.9%) patients and preterm premature rupture of membranes (PPROM) in 5 (13.9%). There were no severe adverse maternal outcomes.

Conclusion
Early intervention with intrafetal laser and radiofrequency in TRAP sequence achieves a livebirth rate of the pump twin of about 75%.