Objective
To evaluate the role and outcome of intrafetal interstitial LASER ablation for a fetal reduction in Dichorionic triplets leading to dichorionic twins.

Methods
It was a small retrospective assessment in a single center. All triplets' pregnancies were examined between 11-13 weeks of gestation. After ascertaining the chorionicity, trichorionic diamniotic triplets were selected for the procedure. The intrafetal interstitial LASER ablation method was used for the fetal reduction of one of the fetuses in monochorionic twin pairs in 10 triplet pregnancies. The expected outcome measure was converting DCTA triplets to DCDA twins.

Results
Intrafetal interstitial LASER procedure was performed in 10 cases. Out of 10 pregnancies, 6 (60%) were continued as twins. In one case Surviving twin in a monochorionic pair had intrauterine fetal demise at 26 weeks and continued as a singleton pregnancy till 38 weeks. Complete pregnancy loss/miscarriage happened in 2 cases (20%) within 2 weeks of the procedure. The median gestational age of delivery was 35 weeks with a range of minimal and maximal gestational age of delivery from 31 weeks to 38 weeks. One case had premature rupture of membranes. Early preterm delivery happened in 40% of cases and late preterm deliveries in 40% of cases. Full-term delivery happened in 2 cases (20%). Comorbidities in mother who had a complete miscarriage as IVF conception, Type 2 Diabetes, Recurrent urinary tract infections. Overall neurological outcomes were good at birth and 6 months postpartum in surviving twin of the monochorionic pair.

Conclusion
As compared to intracardiac KCL injection for reduction of DCTA pregnancies LASER ablation method has provided the chance for survival of one of the twins in monochorionic pairs. Though our numbers in the study are less but overall outcome was good. The miscarriage rate is also comparable. Hence the use of the LASER ablation method for DCTA triplets to DCDA twins is a reasonable option.