**Objective:** Conjoined twins are a rare congenital condition with high morbidity and mortality rates. Early prenatal diagnosis allows for better counseling of parents regarding management options.

**Methods:** This is a case report of antenatal diagnosis of Cephalopagus Pygopagus conjoined twins and gestational outcome.

**Results:** Patient H.A., 32 years old, G1P0, was referred to the Fetal Medicine Service due to imperfect twinning visualized on ultrasound at 9 weeks of gestation. The patient chose not to request medical interruption of the pregnancy. She was followed by a multidisciplinary team including obstetrician, neonatology, psychology, and social service. Follow-up ultrasounds revealed fetuses joined by the skull and lower abdomen and pelvis (cephalopagus pygopagus). The fetus on the right had massive ascites and pleural effusion; the diaphragm was not visualized, and the lungs and heart were pushed against the lateral chest wall. The fetus on the left had a cystic image in the abdomen, possibly related to a megabladder or ascites. The diaphragm was visualized, and a pair of lower limbs were seen. The patient experienced premature rupture of membranes at 25 weeks of gestation. A cesarean section was performed. The newborns weighed 1785g and were born bradycardic (APGAR score 1/1/1), with fused cranial vaults, omphalocele, ruptured meningomyelocele, indeterminate genitalia, and malformations of lower limbs. They died 1 hour and 32 minutes after birth.

**Conclusion:** Imperfect twinning is a rare anomaly that can be diagnosed prenatally through obstetric ultrasound. When born alive, conjoined twins may undergo surgery for separation, depending on the type of fusion they present. In the case reported in this study, there was no surgical prospect due to the complexity of the junction between the twins and associated malformations.