Fetus Papyraceous with Successful Outcome of Other Twin at Term

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ABSTRACT

Introduction: In multiple gestations, Fetus papyraceous is a rare obstetric complication, the occurrence of which in twin cases is 1 in 12,500. It may be associated with elevated maternal and foetal complications, including death caused by disseminated intravascular coagulation and organ damage.

Objective: To record a case of uniovular twin pregnancy in the early third trimester with one twin foetus papyraceous, and the pregnancy continued until term with a good outcome of co-twin survival.

Method: A 25-year-old Gravida 2, Para 1, Living 1 woman with a previous usual vaginal delivery and twin pregnancy with Fetus papyraceous was referred to our hospital at 39 weeks for healthy institutional delivery.

Results: She was admitted and induction of labour was done with the stripping of membranes and watched the progression of labour along with strict maternal and fetal monitoring. She was monitored by serial ultrasounds with doppler, coagulation profile throughout the pregnancy once the fetus papyraceous was diagnosed which was showing within normal limits. She delivered vaginally of an alive healthy male baby of birth weight 2.5kg with APGAR score- at 1min-8 and 5min-10.

Conclusion: Routine ultrasound testing with improved training and the use of modern ultrasound machines with the good resolution is needed for the detection of multiple gestations. This would allow for early detection of papyraceous foetuses during pregnancy, potentially avoiding obstetric complications and lowering the risk of mortality.

Key Words: Fetus papyraceous, Uniovular twins, Third trimester, Obstetric complications, Maternal coagulopathy, Twin pregnancy

Case History

A 25-year-old Gravida 2, Para 1, Living 1 with previous normal vaginal delivery with twin pregnancy with Fetus papyra-
In Dahiya et al have reported two cases of...
believed to be stimulated by thromboplastin, resulting in intravascular consumption of clotting factors and platelets. Fibrinogen is broken down into fibrin degradation products (FDPs) and fibrin-fibrin dimers as the activation of the fibrinolytic pathways increases (D-dimers). There are three types of foetal death complications depending on the gestational period, vanishing twin syndrome in the first trimester, foetus papyraceus in the second trimester, and the macerated twin in the third trimester. The majority of pregnancies end in death during the second trimester. The length of time between foetal death and delivery determines the degree of compression; the larger the foetus, the more difficult it is to become a foetus papyraceous. Twin-twin transfusion syndrome, membranous or velamentous cord insertion, true cord knot, cord stricture, placental insufficiency, and congenital defects are some of the causes of intrauterine death of one fetus.

Close monitoring is of critical importance. The coagulation profile should be tested every 2 weeks, and ultrasound, biochemical profile, and Doppler should closely track the surviving twin’s well-being. Before deciding to continue the pregnancy, any abnormalities in the surviving twin should be ruled out. Prompt diagnosis of foetus papyraceous is therefore very necessary for the prevention of further complications and the successful outcome of the survival of the foetus. It is really necessary to assure the parents. An unusual recorded complication is maternal consumptive coagulopathy due to the foetal death of a single twin.

CONCLUSION

All twin pregnancies with one fetal demise should be managed in tertiary care centres with good neonatal support. A management plan should be individualized, For successful pregnancy outcomes careful fetal and maternal monitoring is required. For the detection of multiple gestations, routine ultrasound testing with better training and the use of modern ultrasound machines with good resolution is necessary. This will enable early pregnancy to be diagnosed with papyraceous foetuses and could avoid potential obstetric complications and decrease the risk of mortality and morbidity for the surviving foetus.

ACKNOWLEDGEMENT

The authors acknowledge the immense help received from the scholars whose articles are cited and included in references of this manuscript. The authors are also grateful to authors/editors/publishers of all those articles, journals and books from where the literature for this article has been reviewed and discussed.

Conflict of interest- Nil

Financial support- Nil

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