

Single Fetal Death in Twin Pregnancy

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Objective

This case report aims to present the successful management of a twin pregnancy with one fetal death.

Methods

Our case involves a 32-year-old woman in her second pregnancy with dichorionic diamniotic twin pregnancy. The first ultrasound revealed two gestational sacs with different sizes, with the first sac having a diameter of 17.7mm (approximately 5W 6D) and the second sac having 7mm (approximately 4W 6D). After 5 weeks, the first embryo had a crown-rump length (CRL) of 32.6mm (10W 1D) and the second embryo had a CRL of 20.8mm (8W 5D) Figure 1,2. The next ultrasound at 7 weeks showed that the first fetus had a biparietal diameter (BPD) of 37mm (17W 3D) while the second fetus had a BPD of 26mm (14W 3D), indicating intrauterine growth restriction (IUGR). The smaller fetus was lost at 21 weeks of gestation. Amniocentesis of the remaining fetus was performed, with normal results. The pregnancy was closely monitored by obstetricians and transfusiologists in tertiary health institutions.

Results

The pregnancy ended at 37 weeks with a cesarean delivery resulting in a newborn weighing 2700 grams, with an Apgar score of 7/8. The second fetus was macerated, weighing approximately 120 grams. The mother was healthy.

Conclusion

Fetal loss occurs in approximately 6% of twin pregnancies, at any given day of the pregnancy. Intrauterine fetal growth alterations increase the risk of adverse perinatal and neonatal outcomes, as evidenced by our case of discordant growth in twins. Proper observation and management in corresponding medical centers and staff are crucial to ensure the survival of the remaining twin and a healthy mother.