



FETOSCOPIC LASER ABLATION OF ANASTOMOTIC VESSELS FOR TREATING TTTS: RESULTS

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OBJECTIVE

To analyse the results of the fetoscopic laser ablation of anastomotic vessels in two cases of TTTS diagnosed in our hospital and treated in a specialized hospital, and compare them with the results described in the literature

METHODS

Two clinical cases of TTTS diagnosed in the Albacete hospital, which were treated with fetoscopic laser ablation, are presented.

A bibliographic review was carried out using Medline, Pubmed, UpToDate and Scielo databases, and limiting the search to the last 5 years. The search criteria used were "TTTS, Fetoscopic laser ablation of anastomotic vessels, results".

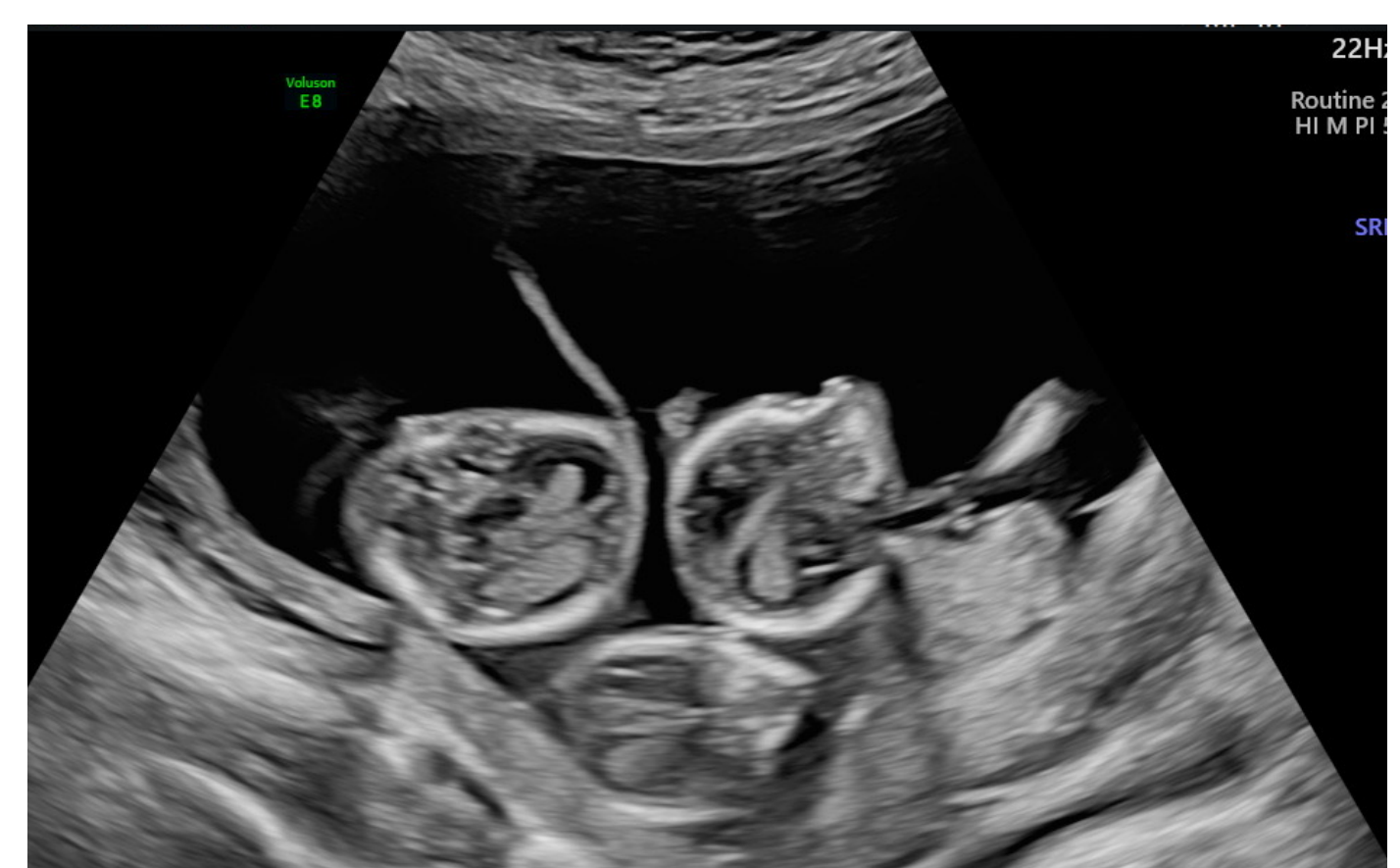
RESULTS

	Type of gestation	Diagnosis of TTTS	Fetoscopic laser ablation	Evolution	Delivery
First clinical case	Monochorionic diamniotic	At 17 weeks Stage II	At 17 weeks Successful	Donor twin: dies in uterus (19 w) Recipient twin: small for gestational age	Premature at 28 weeks (PROM) Healthy recipient twin
Second clinical case	Triple (monochorionic diamniotic + twin with placenta and single sac)	At 18 weeks Stage II	At 18 weeks Successful	Donor twin: FGR and alterations in his neurosonography (23 w) Recipient twin: healthy	Spontaneous preterm at 32 weeks. Deceased donor twin Healthy recipient twin Third healthy twin

The survival rate of at least one twin after treatment with fetoscopic laser ablation and the most frequent complications of the technique described in the literature, as follows, coincide with our clinical case:

Stage of TTTS	Survival of at least one win
I	89,9%
II	85%
III	81,5%
IV	82,8%

Most frequent complications
Preterm birth
Prelabour ruptura of membranes
Persistent TTTS (due to persistence of anastomoses or their revascularization)



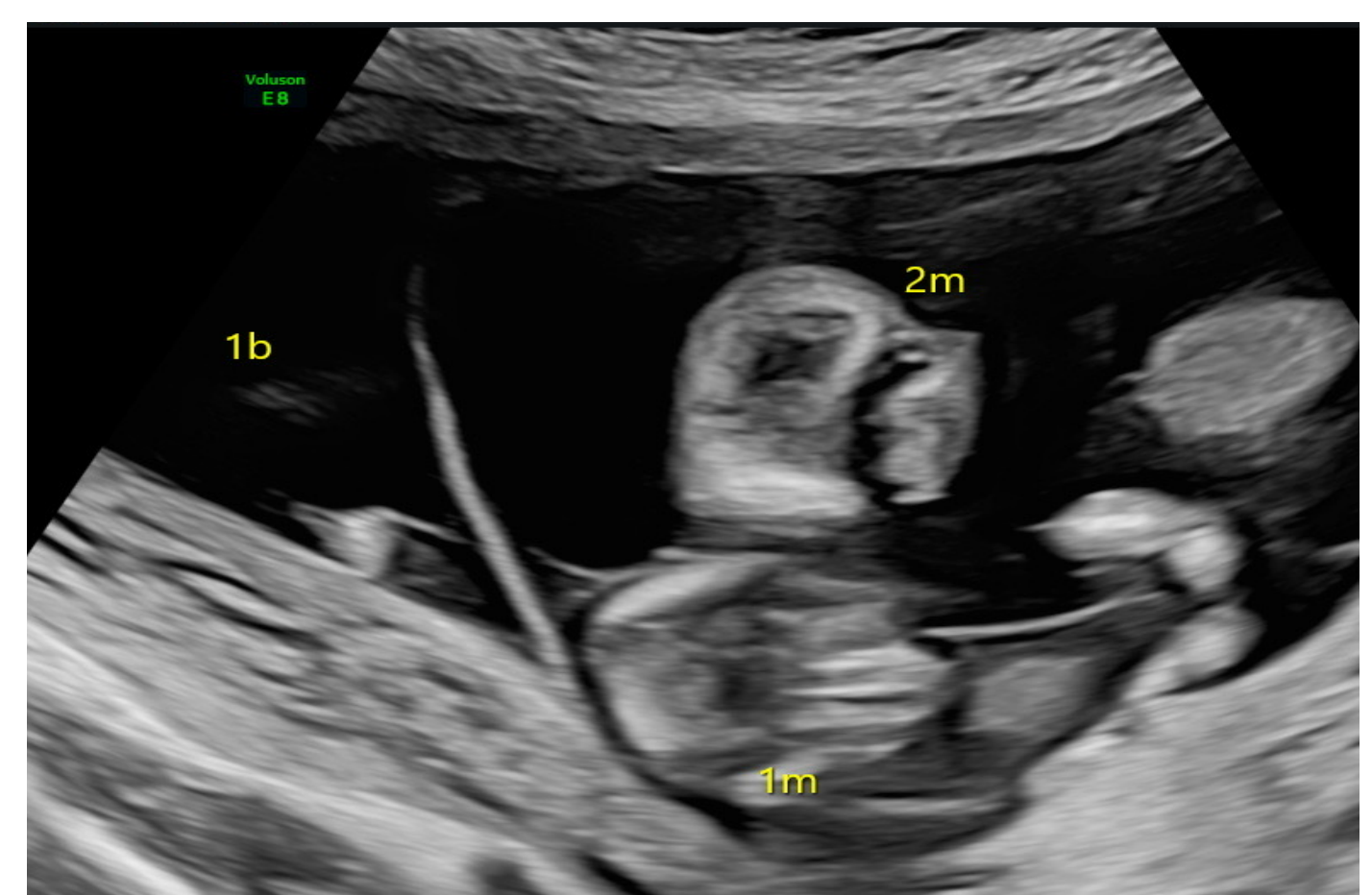
Second clinical case: triple gestation (monochorionic diamniotic + twin with placenta and single sac)

CONCLUSION

TTTS is a pathology that has always been characterised by unfortunate perinatal outcomes. However, the advent of fetoscopic laser ablation of anastomotic vessels, despite its possible complications, has significantly increased the survival rate of at least one twin in TTTS.



Second clinical case: TTTS with "stuck twin"



Second clinical case: triple gestation. TTTS in monochorionic diamniotic twins, with "stuck twin"