

Antenatal and postnatal outcome of fetal reduction of presenting twin vs non-presenting fetus

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Objective

To study the antenatal and postnatal outcome of fetuses in twin and higher order multiple pregnancies after fetal reduction of presenting twin vs non-presenting twin.

Methods

A retrospective randomised study was done at Aayushya fetal medicine center, Indore, Madhya Pradesh, India for a period of over 15 months from 1st Jan 2022 to 30th April 2023. The study population included all the women with twins and higher order multiple (triplet or quadruplets) pregnancy from 11 to 14 weeks of pregnancy. The preferable fetus to be reduced was chosen on the basis of findings on NT scan and more accesible and anomalous fetus was given preference. These patients were scanned with E8/E10 GE Voluson machine by transabdominal and transvaginal route.

Results

A total of 7368 cases were scanned during the study. 52 cases reported to our center for fetal reduction. Out of these 52 cases, there were 8 twins, 37 triplets and 7 quadruplets. There were 23 patients (44%)within age group of 21-30 years, 26 patients (50%) within age group of 31-40 years and 3 patients (6%) within age group of 41-50 years. Most common indication was higher order multiple gestation. However, in 2 cases there was increased NT and one was diagnosed Trisomy 21 so selective reduction was planned in these cases. There were 9 patients (17%) who conceived naturally, 7 patients (13%) conceived after ovulation induction, 1 patient (2%) conceived after Intrauterine insemination and 35 patients (67%) after In vitro fertilization. There were 11 patients (21%) in which presenting fetus was reduced and non- presenting fetus was reduced in 41 patients (78%). In presenting fetal reduction category, 7 fetuses delivered at term and 1 delivered preterm and 1 has given no response and 2 have ongoing pregnancy. However, In non- presenting fetal reduction category, 3 had second trimester abortion at 16, 18 and 24 weeks respectively. Also 5 had Preterm LSCS, 4 had Full term LSCS and 5 had full term vaginal delivery, 14 were ongoing pregnancy and 10 cases failed to respond.

Conclusion

The preferable category of fetal reduction is reducing non presenting fetus. However, the results were good irrespective of type of fetus reduced. Most important factor was gestational age of fetus.