

Thoraco omphalopagus conjoined twins: case report

1. Introduction

Conjoined twins are an extremely rare form of monozygotic twinning, with an estimated incidence of between 1 in 100,000 and 1 in 250,000 live births, and are rarely encountered by obstetricians [1]. Many of these pregnancies do not reach a viable gestational age, either through miscarriage or elective termination [2-3]. Prompt diagnosis and management are essential, as around 70% of conjoined twins die within 48 hours of birth or develop lethal congenital malformations [4]. We report the case of a thoraco-omphalopagus twin pregnancy terminated at 13 weeks' amenorrhea.

2. Case report

A 26-year-old patient with no notable medical history or family history of congenital anomalies. She came to our hospital for management of her pregnancy at 13 weeks' amenorrhea. The biological workup was without anomalies, but an ultrasound revealed significant abnormalities: Monochorionic twin pregnancy with a single umbilical cord connecting the conjoined twins from the thorax to the umbilical region, with no cardiac activity for either twin (figure 1). After medical treatment: expulsion of both fetuses (figure 2).

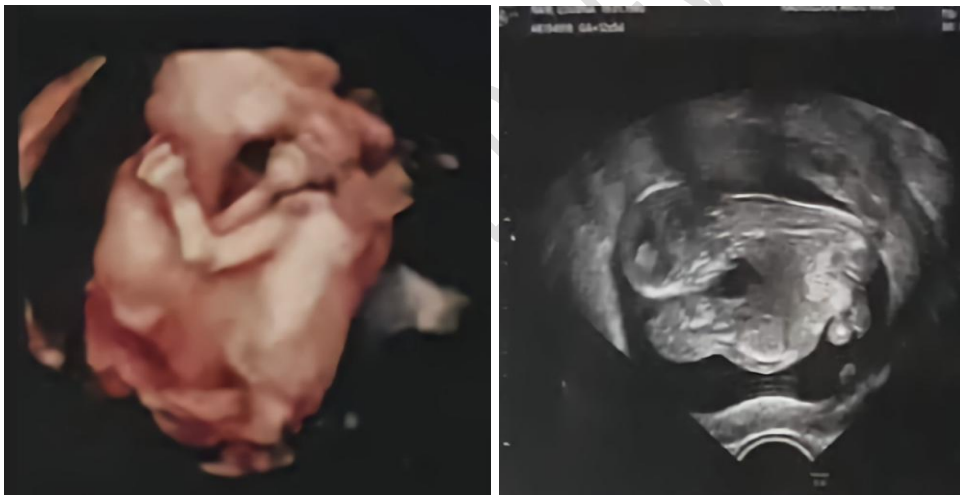


Figure 1: ultrasound revealed thoraco omphalopagus conjoined twins



Figure 2: thoraco omphalopagus conjoined twins

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23 3. Discussion

24 Conjoined twins are defined as two genetically identical individuals linked to each other in utero. The
25 etiology remains uncertain and controversial, with several theories proposed, including fission of a
26 single fertilized egg or fusion of two distinct embryos from the same ovum [5]. Conjoined twins are
27 not a recent discovery; they were already evoked in ancient times through various interpretations,
28 often steeped in myth. Historical accounts highlight moral dilemmas, mythological legends and cases
29 of public exposure.

30 Teratology pioneer Isidore Geoffroy Saint-Hilaire classified conjoined twins according to their
31 common anatomy. He used prefixes of Greek origin associated with the suffix pagus, meaning
32 “fixed”, to designate the various forms of conjoined twins:

33 Craniopagus: These twins are linked by the skull (head), making them “conjoined heads” in simple
34 terms. Their skulls may be totally fused, and they often share some brain tissue. Surgical separation
35 of these cases is particularly complex, due to the delicate and intricate nature of the neurological
36 structures involved.

37 Omphalopagus or Xiphopagus: These twins are connected at the umbilical region. They may share
38 abdominal organs, such as the liver or intestines. Surgical separation is usually feasible, and the
39 prognosis is often the most favorable of the conjoined twin types.

40 Thoracopagus: These twins are connected at the level of the thoracic cavity, and often share vital
41 structures such as the heart, lungs and other organs located in the thorax. This type of connection
42 makes surgical separation extremely complex, especially when the heart is involved.

43 Ischiopagus: These twins are connected at the lower edges of the coccyx and sacrum, yet have two
44 distinct spinal columns. They may also share pelvic organs.

45 Pygopagus: These twins are connected by the lateral and posterior surfaces of the coccyx and
46 sacrum.

47 Early diagnosis of conjoined twins is made possible by high-resolution transvaginal ultrasound,
48 performed as early as the first trimester during prenatal follow-up. This diagnosis can be confirmed
49 by complementary imaging techniques, such as magnetic resonance imaging (MRI), which provides

50 more detailed and precise clinical anatomical data [6-7]. A complete anatomical study of the fetus
51 between 18 and 20 weeks of age enables a diagnosis to be made in patients who have not had a fetal
52 ultrasound in the first trimester [8]. When a case of conjoined twins is detected by ultrasound (USG),
53 fetal echocardiography should be performed, regardless of the site of fusion. This is justified by the
54 increased incidence of cardiac malformations in monozygotic twins, with shared cardiac anatomy
55 often associated with a poor prognosis [8]. Pregnancy management options, including elective
56 termination and expectant management, need to be carefully considered and thoroughly discussed
57 [9].

58 **4. Conclusion**

59 La gestation de jumeaux conjoints est un événement rare qui présente une complexité particulière
60 pour la prise en charge obstétricale, quels que soient les objectifs de soins de la patiente. Cependant,
61 un diagnostic précoce, accompagné d'une bonne prédiction des anomalies associées, permettrait de
62 prendre des décisions plus rapidement. Le rôle des obstétriciens dans le diagnostic prénatal, le
63 conseil et l'organisation des soins médicaux interdisciplinaires est essentiel pour la gestion des cas de
64 jumeaux conjoints.

65 **Ethics approval:**

66 Our institution does not require ethical approval for reporting individual cases or case series.

67 **Patient consent:**

68 Written informed consent was obtained from legally authorized representative(s) for anonymized
69 patient information to be published in this article.

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71 **References**

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