

Monoamniotic twin pregnancy: a hazardous fetal life

A 29 year old gravida 3, para 2 presented with a monozygous, monoamniotic male twin pregnancy of 11 weeks gestation. Because of the high risk of intrauterine fetal death in such cases,¹ she was closely followed up. Throughout the pregnancy, the fetuses were very active, changing their position frequently. Intrauterine growth was normal, and no signs of fetal distress or twin to twin transfusion syndrome were observed.

Because of the mobility of the fetuses associated with a high probability of cord accident, elective caesarean section was performed at 32 weeks after a full course of antenatal steroids. Male preterm twins (first: birth weight 1710 g, Hb 182 g/l; second: birth weight 1480 g, Hb 168 g/l) were delivered with respiratory distress syndrome grade 1–2. They recovered well. Their further course was uneventful.

At delivery, the extent of cord entanglement was obvious (figs 1 and 2), emphasising the hazardous life of monoamniotic twins.



Figure 1 Entangled umbilical cords of monoamniotic twins at birth.

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REFERENCE

- 1 Allen VM, Windrim R, Barrett J, *et al*. Management of monoamniotic twin pregnancies: a case series and systematic review of the literature. *Br J Obstet Gynaecol* 2001;**108**:931–6.



Figure 2 Entangled umbilical cords of monoamniotic twins at birth.