

A LARGE ACARDIAC TWIN WITH SURVIVAL AND NORMAL INFANCY OUTCOME OF PUMP TWIN

Dear Sir,

We read with great interest the recently published case report by Wong et al in your esteemed journal.⁽¹⁾ We would also like to share our experience with a case of acardiac twin, a rare condition with an incidence of one in 35,000 pregnancies.⁽²⁾

In our case, the mother, who was a primigravida with spontaneous conception, presented to the hospital in labour. The pregnancy was unsupervised throughout and no investigation, including ultrasonography, was done in the antenatal period. However, from the history of the mother, there was no adverse event during the gestation. Emergency Caesarean section was carried out in view of breech presentation of the co-twin. An acardiac twin was extracted along with a healthy co-twin. Gross and histopathological examination of the placenta revealed a monochorionic-diamniotic placentation. This acardiac twin weighed 980g with survival of the co-twin, a healthy newborn weighing 2,200 g. The surviving co-twin was followed-up till one year of age. He had a normal growth and development outcome.



Fig. 1 Clinical photographs of the acardiac twin.

Failure or disrupted growth of the head is called acardiac acephalus; a partially-developed head with identifiable limbs is called acardiac myelocephalus; and failure of any recognisable structure formed is acardiac amorphous.⁽³⁾ Our case was an acardiac myelocephalus (Fig.1). Twin-reversed arterial perfusion (TRAP) sequence carries a poor prognosis with a mortality rate of approximately 50% in the pump twin.^(4,5) The prognosis is directly related to the respective weight of the recipient to the pump twin. The higher the weight of the recipient twin, the more likely is the development of cardiac insufficiency and mortality in the pump twin.⁽⁵⁾ In our case, the twin weight proportion was 43%. In spite of this large twin weight ratio, the pump twin survived and had a normal outcome.

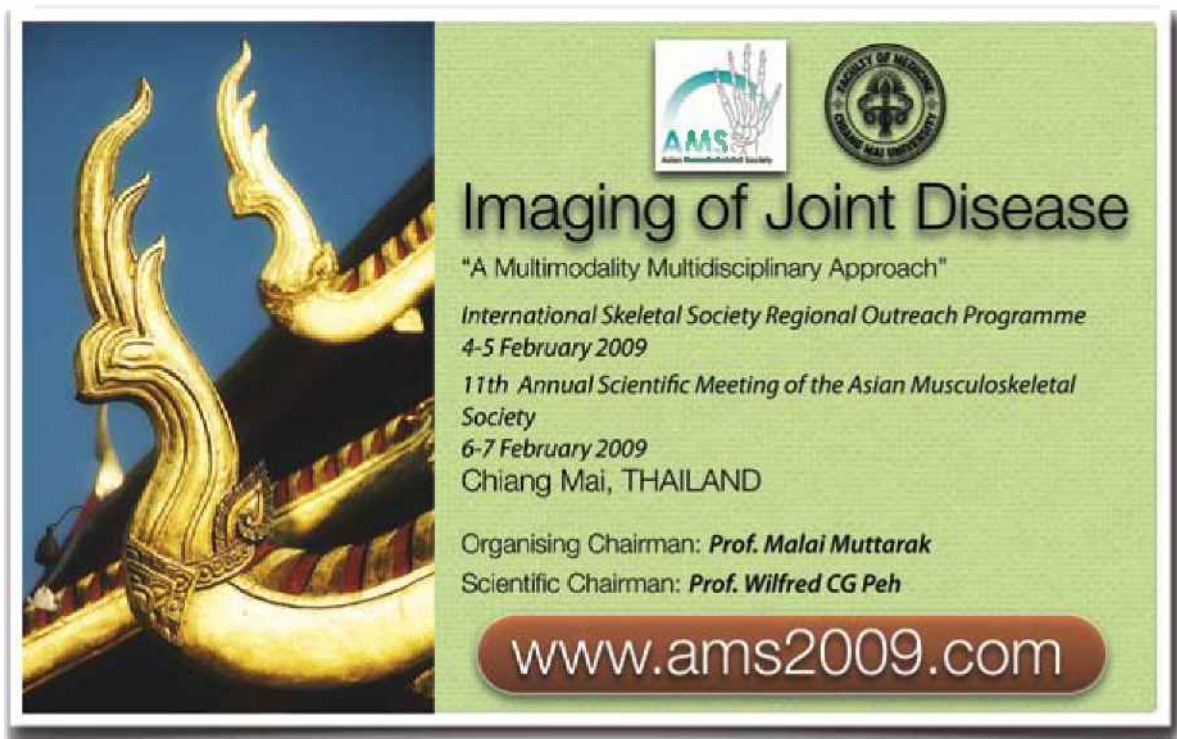
Yours sincerely,



Priyanka Gupta
Mohammad Moonis Akbar Faridi
Neerja Goel
Rachna Agarwal

Department of Paediatrics
Department of Obstetrics and Gynaecology
University College of Medical Sciences
Dilshad Garden
Delhi 110095
India
Email: mmfaridi@yahoo.co.in

REFERENCES

1. Wong HF, Tan TY, Kwek K, Low Y, Yeo SH. Intestinal atresia of co-twin after spontaneous cessation of blood flow through an acardiac twin. *Singapore Med J* 2007; 48:862-5.
2. Danhaive O. Multiple births. In: Cloherty J, Eichenwald E, Stark AR, eds. *Manual of Neonatal Care*. 5th ed. Philadelphia: Lippincott Williams & Wilkins; 2004:87-93.
3. Cunningham FG, Leveno KJ, Bloom SL, et al. Multifetal gestation. In: Cunningham FG, Leveno KJ, Bloom SL, et al, eds. *Williams Obstetrics*. 22nd ed. New York: McGraw-Hill, 2005:911-48.
4. Van Allen MI, Smith DW, Shepard TH. Twin reversed arterial perfusion (TRAP) sequence: a study of 14 twin pregnancies with acardius. *Semin Perinatol* 1983; 7:285-93.
5. Moore TR, Gale S, Benirschke K. Perinatal outcome of forty-nine pregnancies complicated by acardiac twinning. *Am J Obstet Gynecol* 1990; 163:907-12.



Imaging of Joint Disease

"A Multimodality Multidisciplinary Approach"

International Skeletal Society Regional Outreach Programme
4-5 February 2009

11th Annual Scientific Meeting of the Asian Musculoskeletal Society
6-7 February 2009
Chiang Mai, THAILAND

Organising Chairman: *Prof. Malai Muttarak*
Scientific Chairman: *Prof. Wilfred CG Peh*

www.ams2009.com