

Sequence trap (twin reverse arterial perfusion): a case report

Introduction

Mme. Y.D is 21years old and has been married for one year. She has no significant medical or surgical pathological history. It was her first pregnancy. She reports that it is her full term pregnancy.

The patient is referred to our unit for fetal bradycardia. Obstetrical examination finds a longitudinal fetal lie, uterine height at 35cm, SFH irregular, and uterine contractions were present at the rate of 2 contractions per 10min. Cervix was 3cm dilated at digital vaginal examination, erased at 60% and its consistency was medium. Presentation was cephalic, water bag was broken and amniotic fluid was clear (Figure 1). The ultrasound flash showed a fetal bradycardia at 80bpm with eutrophic biometry and a heterogeneous intrauterine image measuring 30x17cm, with a single homogeneous placental cake. Patient had a cesarean section for fetal bradycardia, with the extraction of the first male twin, birth weight 3100g, Apgar 9/10, then the extraction of a second acardiac twin consisting of 3 segments: upper (probably The head), body and a lower part (one limb). Delivery was directed. Venous and arterial anastomoses were found at the placental examination.

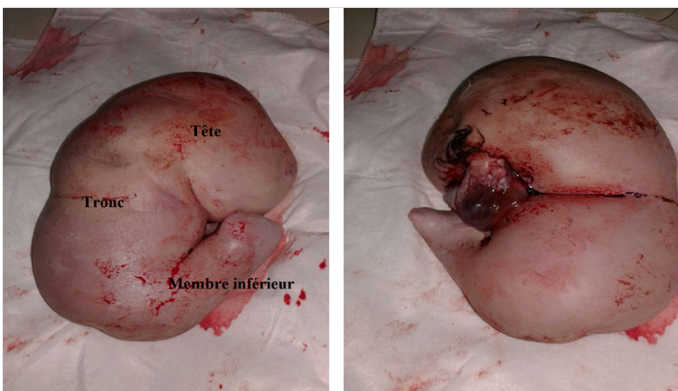


Figure 1 Twin reverse arterial perfusion.

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Conflict of interest

Authors declare that there is no conflict of interest.