

Tangled from the beginning: A case of cord entanglement in monochorionic monoamniotic twins delivered at 32+5

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Background

Monochorionic monoamniotic (MCMA) twin pregnancies are rare and occur in 1:10,000 pregnancies overall. (1) Along with complications common to all twins such as preterm birth and growth restriction, MCMA twins also have increased risk for congenital anomalies and cord entanglement. This case highlights a case of MCMA twins with known antenatally detected cord entanglement and resultant live birth of twins.



Figure 1: MCMA placenta with cord entanglement

Case

A 23 year old G3P1 woman from regional Tasmania with no medical comorbidities spontaneously conceived monochorionic monoamniotic (MCMA) twins.

She was booked in at her local hospital and promptly referred for tertiary care. She underwent an early and routine morphology scan which confirmed normal anatomy of both twins and the presence of cord entanglement. Fortnightly serial growth scans demonstrated stable growth of both twins with normal dopplers. Presence of cord entanglement was noted at each scan along with multiple position changes of the twins.

She relocated from regional Tasmania closer to tertiary care at 25 weeks for increased outpatient monitoring via ultrasound and daily CTGs. Admission was planned electively at 28 weeks for: betamethasone loading, CTGs three times a day, and weekly ultrasound dopplers. A further dose of betamethasone was given at 32+3 with a plan for delivery at 32+5.

An elective caesarean section was performed at 32+5 with delivery of 2 live female babies. Both babies were admitted to neonatal ICU for further care and the postnatal recovery of mum was uneventful.

Discussion

Cord entanglement is almost always present in MCMA pregnancies (2,4) and intensive fetal surveillance has shown improvement in perinatal outcomes (3) Timing of delivery with MCMA twins is difficult but RCOG guidelines suggest 32 to 34 weeks (4) This case demonstrates a positive outcome of live twins in a known case of cord entanglement in MCMA twins managed with increased fetal surveillance throughout pregnancy. Another point to highlight is the need for women from regional areas to relocate away from home for prolonged periods of time to access specialist healthcare.

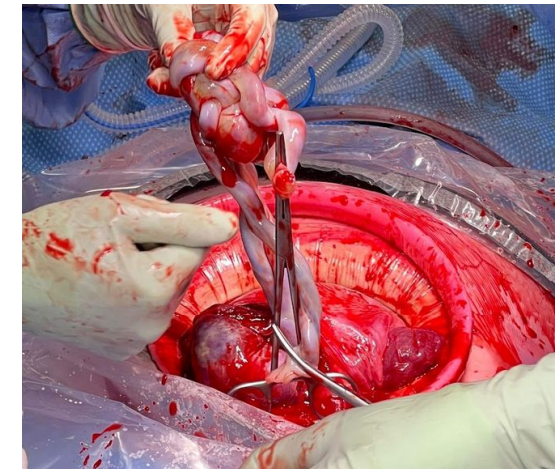


Figure 2: Umbilical cord entanglement knot

References

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