CASE REPORT

ABSORPTION OF A TWIN PREGNANCY: A CASE REPORT

ABSORÇÃO DE GEMELAR NA GRAVIDEZ: UM RELATO DE CASO

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ABSTRACT

Single fetal demise by the end of the first trimester occurs in about 50% of twin pregnancies and is often associated with complete resorption of the gestational sac, leaving no evidence of a prior twin gestation at birth[1]. A 42-year-old patient (A.C.S.) underwent a transvaginal ultrasound in May 2018, which identified a thickened endometrium with two anechoic images compatible with gestational sacs. Serum beta-human chorionic gonadotropin (β-hCG) levels confirmed pregnancy. Subsequent ultrasound in July 2018 revealed the intrauterine demise of one twin, and by September, only one pregnancy was identified. The patient continued routine prenatal care and experienced an uncomplicated pregnancy, resulting in a healthy newborn. About 14% of twin pregnancies undergo spontaneous reduction to a single gestation by the end of the first trimester. Monochorionic pregnancies are associated with increased risk for complications, such as the twin-to-twin transfusion syndrome, selective intrauterine growth restriction, intrauterine fetal demise, and acardiac twin. Management depends on gestational age, the severity of fetal involvement, and cervical length. In most cases, twin pregnancies with single fetal demise do not result in significant complications, allowing the pregnancy to progress safely to term[2].

RESUMO

A morte unifetal até o fim do primeiro trimestre, cuja incidência orça em 50%, está associada à completa reabsorção do ovo, não havendo, no parto, qualquer evidência de gravidez gemelar1. A. C. S., 42 anos, realizou ultrassonografia (USG) transvaginal em maio de 2018, com os seguintes achados: endométrio espessado, apresentando duas imagens aneicóicas compatíveis com sacos gestacionais. Realizou logo a seguir, dosagem da fração beta do hormônio gonadotrófico coriônico humano (BHCG), confirmando a gravidez. Em novo USG em julho de 2018 evidenciou-se óbito em um gemelares e no exame seguinte em setembro do mesmo ano, o relato é de gestação única. A gestante, com gestação única, continuou a fazer suas consultas pré-natais, e evoluiu para parto normal sem intercorrências com recém-nascido saudável. Aproximadamente 14% das gestações gemelares são reduzidas espontaneamente a gestação única, até o final do primeiro trimestre. A monocorionicidade está relacionada a muitas complicações tais como: síndrome de transfusão gêmeo-gemelar (STGG), restrição seletiva do crescimento fetal (CIUR), óbito fetal intrauterino e gêmeo acárdico. O manejo das situações irá depender da idade gestacional, da gravidade do acometimento dos fetos e do comprimento do colo uterino. A gestação gemelar com perda fetal por absorção no primeiro trimestre, em sua maioria, não resulta em maiores complicações, podendo a gestação resultante seguir até o termo sem maiores intercorrências[2]

INTRODUCTION

Single-fetal demise by the end of the first trimester occurs in about 50% of early twin pregnancies, and it is associated with complete resorption of the gestational sac, leaving no ultrasound (US) evidence of a prior twin gestation at birth. The presence of a blighted ovum (i.e., evanescent twin) alongside a viable pregnancy is typically benign. Although early vaginal bleeding may occur more frequently in these pregnancies, perinatal outcomes are generally favorable. While the clinical incidence of twin pregnancy delivery is about 1 in 90 births, the US in the first trimester detects twin pregnancy in nearly 1 in 60 pregnancies. Spontaneous reduction from twin to singleton pregnancy is estimated to occur in about 14% of cases before the end of the first trimester. Ultimately, only half of twin pregnancies identified in early gestation result in twin deliveries[1].

CASE REPORT

A 42-year-old patient (A.C.D.S), G1P0A0, underwent a transvaginal US on May 28, 2018, which showed a thickened endometrium and two anechoic images suggestive of gestational sacs. Serum β-hCG testing confirmed pregnancy.

Prenatal care was initiated at a basic health unit, with the completion of a prenatal record, routine laboratory exams, a new US, and calculation of gestational age (GA) based on the last menstrual period (LMP: April 29, 2018), corresponding to nine weeks and three days at the time of initiation.

A US conducted on July 7, 2018, revealed a monochorionic diamniotic twin pregnancy, with one embryo measuring 11 weeks with positive cardiac activity and a second embryo measuring eight weeks and three days without cardiac activity, showing signs of mummification.

The patient was subsequently referred to high-risk prenatal care, and a serial US was performed:

1. July 31, 2018: One embryo measuring 14 weeks and 5 days with spontaneous movements and cardiac activity. The second embryo had no vital signs (GA: 7 weeks and 5 days).
2. September 22, 2018: Singleton pregnancy, GA of 22 weeks, estimated fetal weight of 450g, fetal heart rate of 143 bpm, with normal biophysical profile and fetal morphology.

Routine laboratory investigations showed negative serologies for HIV/Anti-HIV syphilis (VDRL test), hepatitis B surface antigen (HBsAg), and indirect Coombs (second trimester). Toxoplasmosis IgG was positive, and IgM was underreported. The ABO/Rh of the patient was O negative.

The patient maintained prenatal routine care, and the pregnancy progressed uneventfully, resulting in a term vaginal delivery of a healthy newborn without complications.

DISCUSSION

The natural history of twin pregnancies is poorly described in the literature[3].

Monochorionic pregnancies carry higher risks of adverse perinatal outcomes due to complications, such as the twin-to-twin transfusion syndrome, selective intrauterine growth restriction, intrauterine fetal demise, and acardiac twin[3-6].

Fetal loss in twin pregnancies occurs with notable frequency, especially in monochorionic gestations[4]. The demise of one twin increases the risk of complications for the surviving co-twin, including thromboembolic phenomena[5]

This report describes a relatively common yet underreported event. In this case, the patient had a monochorionic twin pregnancy; most fetal losses occur in the first trimester and are more often attributed to anembryonic gestations. Although chromosomal abnormalities or other causes could not be excluded in this case, the monochorionic pregnancy was considered the cause of the early fetal demise. Further studies are needed to better elucidate the diagnosis, enabling evidence-based interventions and prevention.

REFERENCES

1. Montenegro, C. A. B., Rezende Filho, J. Rezende Obstetrícia. Gravidez Gemelar, cap. 34:656-687. 13a edição, 2017.
2. Freitas, F., Martins-Costa, S.h., Ramos, J.g.l., Magalhães, J.A. Rotinas em obstetrícia. Gemelaridade, cap.12:175-187. 6a edição, 2011.
3. Peralta,Cfa. História natural das gestações gemelares monocoriônicas diamnióticas com e sem transfusão feto- fetal:Natural history of monochorionic diamniotic twin pregnancies with and without twin-twin transfusion syndrome. Revista brasileira de ginecologia e obstetrícia. Campinas, 2009. 6 p. Disponível em: <https://scielo.br/> . Acesso em: 19 mar. 2019.
4. Maia,Catarina.Síndrome de transfusão feto-fetal. Serviço de ginecologia e obstetrícia. Espinho, 2017. 10 p. Disponível em: <https://scielo.br/>. Acesso em: 19 mar. 2019
5. Dudenhausen, Joachim W. Perinatal Problems in Multiple Births. PubMed.New York, 2010. 6 p. Disponível em: <https://www.ncbi.nlm.nih.gov/>. Acesso em: 19 mar. 2019.
6. Uotila J, Tammela O. Acute intrapartum fetoplacental transfusion in monochorionic twin pregnancy. Obstet Gynecol. 1999; 94 (5 Pt 2):819-21.