A Rare Parasitic Twin

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Background

A Parasitic twin is also known as an asymmetrical or unequal conjoined twin. Parasitic twins occur when a twin embryo begins developing in utero, but the pair does not fully separate, and one embryo maintains dominant development at the expense of the other. The undeveloped twin is defined as parasitic and the independent twin is called the autosite. The estimated incidence of heteropagus parasitic twins is approximately 1 per 1 million live births. Isolated case reports comprise most of published work on this rare congenital anomaly.

Case

A one and a half year old male child presented with globular cystic swelling over the abdomen since birth. Swelling was gradually increasing in size. On examination swelling was covered with skin with a tuft of hair at one end. It was extending from epigastrium up to the umbilical region. Clinically this can be diagnosed as umbilical hernia. Radio imaging diagnosing was Teratoma. Surgical Excision was performed and sent for Histopathological Examination.

Gross:A globular soft mass with a flap of skin and umbilicus. There was a head like structure with presence of hair on it along with upper limb buds and lower limb ridges.

Cut section: Rudimentary structures resembling brain, HEART, gastrointestinal system and urogenital sac were noted.

Microscopy: Features were suggestive of ill formed foetus of 16-18 weeks gestational age.

Investigations

The Clinical Findings: Except for the presence of swelling the clinical and laboratory findings were normal.

Radiological Findings

Ultrasound: Multi cystic mass.

Impression: Teratoma.

CT scan: Multi cystic lesions with fat and calcification in the upper abdominal wall.

Impression: Multi cystic calcified lesion.

Intraoperative Findings: Laprotomy was done. Findings revealed that the mass was attached to the anterior surface of liver.

Histopathological Findings: Rudimentary facial parts, Foetal Liver, Foetal Intestine, Rudimentary heart with Necrosis and Calcification at 16-18 weeks of Gestational Age.

Treatment: Many factors weigh heavily in the decision to pursue separation. Surgical excision is the choice for the treatment.

Prognosis: Prognosis is good for the main child, if it does not have any vital organ connection with the parasite.

Results & Conclusions

The conjoined twins will be very closely monitored throughout pregnancy. Doctors work to learn as much as possible about conjoint twins' anatomy, functional capabilities and prognosis after birth. This information can help doctors form a treatment plan for twins.