Twin reversed arterial perfusion sequence at birth in an uncomplicated ‘singleton’ pregnancy

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Abstract
This case describes a good outcome for the pump twin with a perinatal diagnosis of the presence of its acardiac twin.

Background
Twin Reversed Arterial Perfusion (TRAP) sequence occurs in 1% of monozygotic twins. Classification is related to: i) morphology, or ii) prognostic factors.

Case Report
A 26 year old gravida 2 para 1, with an uncomplicated antenatal course, delivered a healthy newborn girl weighing 2990g (Apgars 9 and 9) at 39 weeks by elective repeat caesarean section.

The placenta was a single disc weighing 500g. There was an attached amorphous nodular mass, covered by skin and hair, encased by membranes and surrounded by clear fluid.

Histopathology reported the presence of a monochorionic diamniotic placenta with an acardiac fetus attached to the placenta by an attenuated 3 vessel umbilical cord. The acardiac fetus was composed of mature tissues representing all three embryonic layers. No immature elements were present.

Conclusion
This is a case of TRAP sequence (acardius amorphous variety) which was diagnosed at birth. The good outcome was consistent with the improved prognosis reported in the literature of a low acardiac/pump twin weight ratio (TWR) and lack of signs of cardiovascular compromise in the surviving twin.[1]

References

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