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# Dilation and Evacuation of Thoracopagus Conjoined Twins per Vagina at 26 Weeks [20I]

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# Abstract

## INTRODUCTION:

Conjoined twins are an exceedingly rare obstetric occurrence with very poor neonatal outcomes. They are often delivered by low transverse or classical cesarean, even following induced or spontaneous fetal demise of a third-trimester fetus, due to perceived difficulty in achieving a vaginal delivery.

## METHODS:

A 24-year-old with two prior full-term vaginal deliveries and a 26-week thoracopagus twin gestation presented desiring termination of pregnancy. The fetal prognosis was low chance of survival to separation surgery, with planned delivery by classical cesarean. Ultrasonography suggested adjacent or partly fused fetal hearts, with a possible shared pericardial sac. An uncomplicated induction of fetal demise was performed by intrafetal digoxin injection into the pericardium. A routine protocol was followed including a multiple laminaria treatment of the cervix followed by rupture of membranes, intrauterine placement of 400mcg of misoprostol and induction of labor by low dose oxytocin. This protocol resulted in ample cervical dilation and breech delivery of both twins to the umbilicus. Separation of the thoracopagus connection by sharp dissection facilitated disarticulation. Following intact delivery of the first twin, the second twin's calvarium was decompressed and delivered. Combined fetal weight was 1051 g, placental weight was 451 g, and measured blood loss was 250 cc.

## CONCLUSION:

Late abortion techniques can avoid invasive surgeries, reduce risk and improve outcomes for complicated pregnancies presenting challenges for vaginal delivery. Such techniques involve a combination of surgical D&E techniques with induction and delivery.

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