

Fetus Papyraceus: A Rare Case Report

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ABSTRACT

Introduction: Fetus papyraceus is a rare condition which defines a mummified fetus occurring in multiple gestations where one fetus dies in utero and is incorporated between the uterine wall and the membranes of living fetus. Intrauterine fetal demise after eight weeks gestational age in a twin pregnancy, with retention of the fetus for more than 10 weeks will result in mechanical compression of the fetus, making it look like a parchment paper. Fetus papyraceus is usually discovered among the placenta and membranes of its well-developed twin.

Case Report: We present the case of 20 year old with monochorionic diamniotic twins, with one live and active fetus and other twin of fetus papyraceus at 16th week.

Conclusion: Fetus papyraceus has direct effect on the surviving fetus and the mother. Serial ultrasound is to be done to follow the effects on the surviving fetus.

Keywords: Fetus Papyraceus, Multiple Gestations, Intrauterine Death.

INTRODUCTION

A fetus in multiple gestations which dies *in utero* and is then partially or completely reabsorbed is termed as vanishing twin.¹ It is also known as fetal resorption. In some instances, the dead twin will be compressed into a flattened, parchment-like state known as fetus papyraceus.² It will be a tiny, macerated, fully formed fetus which is usually papery and dry because the fluid content in the dead fetal tissues and of the placental tissue gets absorbed. The dead fetus gets compressed and flattened between the membranes of the living co-twin and the uterine wall.³ The incidence of fetus papyraceus is one in 12,000 pregnancies⁴ and 1:184 to 1:200 in twin pregnancies.⁵ Fetus papyraceus can occur in both uniovular and binovular twins but is more common in uniovular twins.⁶ We present a case of twin pregnancy, with singleton normal fetus and with fetus papyraceus formation of other twin.

CASE REPORT

A 20 year old Gravida 3 Abortion 2 with 38 weeks of gestation was admitted to labour room with complaints of pain in the lower abdomen since morning. She was a case of cardiac disease complicating pregnancy (CRHD with Post PTMC done on 13/8/16), on Injection Penidure 12 lakh units. She was booked with the institute from confirmation of her pregnancy. Her first trimester was uneventful and was diagnosed with monochorionic diamniotic twin gestation at 11th week. In the early 2nd trimester, at 16 weeks of gestation, her USG report showed one live and active fetus of 16 weeks 2 days and other was dead and adequate liquor. The

patient's attendants were counselled regarding the condition and risks upon continuation of pregnancy to the mother and fetus were explained. Conservative management was done with sonography every three weeks and coagulation profile every fortnight. She was in regular follow up. At the time of admission, General Physical examination was normal. Obstetric examination revealed fundal height corresponding to term gestation, single fetus with cephalic presentation with fetal heart rate of 148 per minute. Per vaginal examination showed cervical dilation of 2 cm. USG done showed oligohydraminos (AFI=3). Emergency caesarean section was performed; a live term IUGR female baby of 2.2kg was delivered. On careful examination of placenta, two cords were noticed and it was identified as diamniotic-monochorionic placenta with a fetus papyraceus in the layers of placenta. The fetus papyraceus had a crown-rump length of 7.7 cm (Figures 1-3).

DISCUSSION

Fetus papyraceus can occur in monochorionic and dichorionic multiple pregnancies. The causative factors in many cases remain unknown. Velamentous cord insertion has been proposed in the role of fetus papyraceus. Fetus papyraceus was also reported to result from lethal nuchal cord. This condition was seen to be occurring more often with monozygotic twin pregnancies than dizygotic twins. No association was found with maternal age, parity or gravidity. There are no complications to the mother or to the surviving twin in many cases, similar to the situation described in the case here. However, many reports have shown that complications do and can occur. The maternal complications include maternal infection and severe unexplained postpartum maternal hemorrhage. Surviving infant's complications include prematurity, intrauterine growth retardation and even death. Gastroschisis, intestinal atresia, absent ear, central nervous system damage, aplasia cutis and anomalies of the heart are the congenital anomalies so far reported.⁷ These anomalies can be attributed to thrombi or other clotting factors released from the dead fetus, which embolizes to the live twin to produce vascular occlusive lesions. Death is likely to occur in the second trimester in

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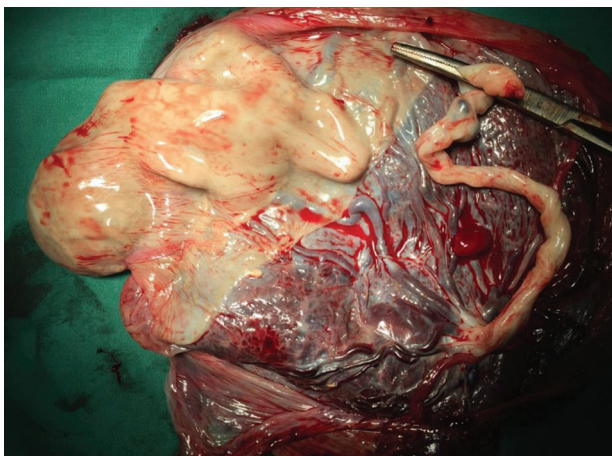


Figure-1: Fetus Papyraceus

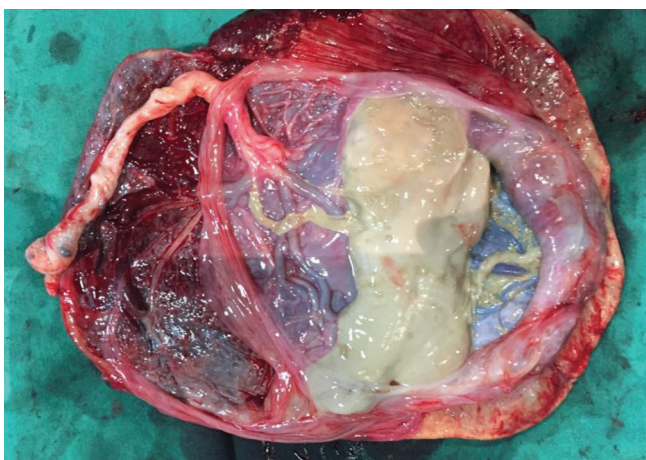


Figure-2: A fetus papyraceus shown with its umbilical cord next to the placenta of its monozygotic diamniotic twin.



Figure-3: Fetus papyraceus

most of the cases.⁸ In monozygotic pregnancies, one fetal death poses a significant risk of perinatal mortality and serious neurological impairment to the surviving co-twin.

CONCLUSION

Fetus papyraceus raises the concern for the surviving fetus and the mother. Ultrasonography can serially demonstrate the course of events. The death of one fetus may be associated with minor malformations of the surviving fetus. Detailed

check-up of the newborn and histopathological examination of the placenta is essential after delivery.

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