CONSERVATIVE MANAGEMENT OF AN ACARDIAC TWIN PREGNANCY WITH TRAP SEQUENCE
F.S. Albergaria
Maternidade Dr Alfredo da Costa, Lisbon, Portugal

Introduction: TRAP sequence is a very rare complication of monochorionic twin pregnancies which may result in multiple structural anomalies, including various forms of acardia. The management of these pregnancies is controversial. Case report: 35-year-old nulliparous woman, referred to Maternidade Dr. Alfredo da Costa at 20 weeks’ gestation, with the diagnosis of a twin monochorionic monoamniotic pregnancy with acardia in one twin. Ultrasonographic examination confirmed the diagnosis but an intermittent low flow perfusion was detected on the acardiac twin umbilical cord. Weekly ultrasound scans and clinical surveillance was performed until 27 weeks, when she was admitted for preterm labour. By then fetus 1 continued to grow on the P25, Doppler velocimetric studies were normal, the anatomy and function of the heart were apparently normal; fetus 2 was still being perfused with a low rate blood flow. MRI performed at 31 weeks showed normal anatomy of fetus 1 brain, which was not conclusive for exclusion of neuronal migration anomalies an uncertain prognosis. Ultrasound surveillance was now performed on a 2 day basis and tocolyse maintained. Fetus 1 showed normal development and cardiac function while fetus evidenced an increasing rate of his umbilical cord blood flow; the amniotic fluid index was also increasing. At 34 weeks we decided to perform an elective caesarean section with the birth of a normal boy and his acardiac twin. Post-natal clinical examination, echocardiography, ultrasound and MNR scans confirmed a normal developed boy, now 6-months-old.