Non-conventional approach to twin pregnancies complicated by extremely preterm premature rupture of membranes of one twin

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The common managements in most centers of cases of multiple pregnancies with preterm premature rupture of membranes before 22 weeks’ gestation are termination of pregnancy or expectant approach. The fetal and neonatal outcomes in these two options are very poor. Selective fetocide of the fetus with early preterm premature rupture of membranes results in cessation of the amniotic leakage because the dead fetus stop urinating, and so the uterine-cervical-vaginal tract can be closed, and lessen the risk for ascending infection. We report two successful cases of twin pregnancies complicated by extremely preterm premature rupture of membranes managed by selective fetocide of the affected twin with an uneventful single pregnancy course and delivery of a healthy newborn at 36 weeks’ gestation. We will present the cases, the hypothesis and propose a management protocol.