35 years old women without personal history, pregnant by in vitro fertilization, with a bichorial biamniotic twin gestation with aneuploidy markers in one of the embryos. The couple was being studied in the Human Assisted Reproduction Unit because of infertility. In the basic study only a right tubaric obstruction was found in the hysterosalpingography. The woman had had a biochemical abortion, an ectopic tubaric left pregnancy treated with metotrexate, an ectopic right pregnancy treated by laparoscopy and bilateral salpingectomy. The pathology exam of the Falopian right tube found a borderline serosum tumor. The oncological management was expectant, and after six months free of disease, the process of assisted reproduction was taken over. Two IVF cycles were needed. The first one was done with agonists (nafarelin) with a total FSH of 2275 IU. It stimulated 17 follicles and 12 cumulus were obtained. We transferred two fresh embryos and six cryopreserved blasts in three cycles. The second cycle was done also with agonists (triptorelyn) with a FSH final dose of 2200 IU. We transferred two embryos and had a positive BhCG in day 14 (516, 9 IU/l) and confirmed a bichorial biamniotic twin gemelar gestation with vitality in both embryos. In the gestational control, it was detected that one of the embryos had markers of aneuploidy as a high nucal traslucency (3.1 mm) and onphalocele (11mm) and a high risk for trisomy 21 (1/9), and also high risk for trisomy 18 (1/1). The other embryo had a risk for 21 trisomy f 1/130. A villi biopsy was performed, and the karyiotpe study shown a normal masculine embryo and a femenin trisomy 18 embryo. The patient was offered to have a selective feticide or to continue the gestation, and she decided to go on.