

Foetus Papyraceous - A Rare Case Report

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Abstract

Foetus papyraceous is the intrauterine death of one of the foetuses in twin pregnancy during second trimester. This is a case of 24 yrs Primigravidae with Twin pregnancy with foetus 2 demised at 17-18 weeks of gestation with Spalding's sign present with gas filled abdomen & membrane separating the foetuses. She delivered a live LBW baby (1500gms) along with placenta & a pale, white dead fetus papyraceous at GA-36wks 02 days by VD.

Keywords: Foetus papyraceous, T2 fetal demise, Gestational age 17-18 wks, Spalding's sign, LBW live baby

Introduction

Foetus papyraceous may form due to intrauterine death of one of the two foetuses in twin pregnancy during the second trimester. The dead foetus gets compressed between the uterine wall and the living foetus. The incidence of fetus papyraceous in India is 1:12000 of all pregnancies and around 1:184 to 1:200 twin pregnancies

Case Report

A 24yrs primigravidae at 35wks 01 days of gestational age admitted to gynaec ward through OPD of MKCG Medical College & Hospital for safe confinement. She was a known case of hyperthyroidism & was on tablet Carbimazole 5mg once daily since one year. Her first trimester was uneventful. She hadn't done dating scan & was taking tablet Folic acid 5mg from local Anganwadi. Her second trimester USG scan suggested features of twin pregnancy with single live foetus with GA-23-24 weeks along with a T2 foetal demise at GA-17-18 weeks with Spalding's sign positive and gas filled abdomen with a membrane separating the two foetuses. Following her USG report she visited gynaec opd of MKCG MCH for antenatal checkup and advise. Since then she was booked under unit 3 of MKCG MCH & attended the GOPD in every two weeks for antenatal checkup. She got admitted to gynaec ward through GOPD at gestational age 35weeks 01 day for safe confinement. On examination during admission, her uterine fundal height was corresponding to 34 weeks with longitudinal lie & cephalic presentation with good regular fetal heart sounds. Her CTG was reassuring. All routine investigations including coagulation profile, D-dimer, USG Doppler scan were done. Her all reports were within normal range except USG Doppler which suggested features of stage 1 foetal growth restriction. Two doses Inj. Betnesol were given following her USG reports and CTG was done twice weekly. Her thyroid function tests were also normal. She was planned for elective caesarean at GA 37weeks but she developed spontaneous labour pain at GA-36wks 02 days & delivered a preterm low birth weight female baby (1500gms) by vaginal delivery along with a

pale, white dead foetus papyraceous .Baby was sent to NICU for close monitoring and patient was kept under observation for next three days & then discharged.

Discussion

The incidence of foetus papyraceous in INDIA is 1:12000 of all pregnancies. This is associated with a higher morbidity & mortality of the mother & the surviving foetus. Early diagnosis by sonography allows close monitoring & thereby reducing potential complications. Post delivery placental examination by histopathological study is mandatory to identify the foetus papyraceous. The most challenging factor in foetus papyraceous is it's effect on the live fetus & the mother. Serial USG & maternal serum coagulation profile help to reduce the complications like DIC.

The figure below was the foetus papyraceous delivered alongwith a live baby:-



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