

## A case report of prenatal diagnosis of cephalothoracopagus janiceps disymmetros

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### Objective

Conjoined twins are monochorionic–monoamniotic twins fused at any portion of their body as a result of an incomplete division of the embryonic disc. Cephalothoracopagus, an extremely rare form, occurs in 1/58 sets of conjoined twins or once in every 3 million births. Here we report the prenatal diagnosis cephalothoracopagus janiceps disymmetros diagnosed at 22 weeks' gestation.

### Methods

A 36-year-old woman who conceived naturally was referred to our unit because of the suspected structural abnormalities of her twin pregnancy. Her past medical history was unremarkable. Neither of the parents had a family history of genetic disorders or structural anomalies. She had no personal or family history of twins. A detailed abdominal 2D ultrasonography (USG) (Voluson E730; GE Healthcare) was performed to verify the presence of the lesion and to identify any associated anomalies. The USG showed two fused fetuses from head to upper abdomen. They had a single fused thorax, two thoracic spines, two hearts and two separated pelvices. There were two faces orienting at 180° to each other, four eyeballs, duplicated cerebra, thalami and brain stems and four lateral ventricles (Figure 1). Limbs biometry was within the 21 weeks. Omphalocele was an associated anomaly. With these findings, the diagnosis of cephalo-thoracopagus, janiceps disymmetros twins was made.

### Results

After undergoing prenatal counseling, the parents decided to terminate the pregnancy. The pair of twins was delivered subsequently by caesarean section with a body weight of 1250 gram (Figures 2). Necroscopy confirmed the ultrasound-based diagnosis. A large omphalocele was also documented. The fetal karyotypes were 46, XY.

### Conclusion

Today with the high-resolution ultrasound probes, both the diagnosis and determination of the subtype of a conjoint twin pregnancy are relatively straightforward. The clinicians should suspect this entity if two fetuses cannot be visualized separately in a monochorionic monoamniotic pregnancy. Every effort should be made in order to delineate the certain subtype for the prompt prenatal counseling.