This case report presents dichorionic twin pregnancy complicated with sirenomelia of one fetus in 26-years old primigravida after ovarian stimulation without IVF referred at 19th week.

The chorionicity was established at 9th week of pregnancy. CRL of fetus 1 and 2 were 25mm and 21mm respectively. No abnormalities were found. The scan at 12th week revealed 21,5% difference in CRL between fetuses – 65 and 51mm. The suspicion of sirenomelia of the smaller fetus was made. The amniotic fluid was normal. The other twin revealed no abnormalities.

The second trimester scan showed severe oligohydramnios of affected fetus, one cystic kidney and small bladder.

The detailed ultrasound examination of other anomalies was very difficult because of oligohydramnios. The number of following ultrasound scans revealed severe growth retardation of abnormal fetus and normal development of the co-twin. Patient did not accept invasive procedures.

Despite the early diagnosis, counseling and multiple scans reassuring the wellbeing of co-twin, mother suffered from anxiety related to the complication of pregnancy.

The sirenomelic fetus died in the 37th week. Caesarean section was performed due to malpresentation, delivering viable female fetus 2515g and non-viable fetus 865g, with the sex impossible to identify at the time of delivery.

The viable female neonate showed no abnormalities in neonatal examination.

The only postnatal examination of malformed fetus performed in agreement with parents for was the sex determination. The male sex was established after analysis of skin sample using PCR techniques.

**Conclusion**

The sirenomelia of one fetus in twin gestation is a serious complication with the fatal consequences for the affected fetus, diagnostic difficulties and causing substantial maternal anxiety related to the unknown result of pregnancy. In this case expectant management resulted in the delivery of viable, healthy one twin in 37th week of pregnancy and intrauterine demise of the fetus with sirenomelia.