EP 21.02 Expectant Management of Monochorionic Triamniotic Triplets Complicated by Selective In Utero Growth Restriction: Report of 2 Cases

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Background

• Triplets and higher-order gestations account for 153,4 per 100,000 live births.
• Perinatal morbidity and mortality is linked to chorionicity.
• Monochorionic triplets at highest risk of complications.
• When faced with monochorionic triamniotic (MCTA) triplets, optimal management is not clear.
• There is no literature for the management of MCTA complicated with sIUGR.
• Even for twins, the management of type 2 and 3 sIUGR is not yet well established.

Objective

• We sought to report the outcomes of two MCTA complicated by sIUGR expectantly managed at Ste-Justine University Hospital Center in Montreal, Canada.

Comment

• Our experience with MCTA triplets shows that we can achieve good outcomes with expectant management.
• Close serial ultrasounds aided in surveillance for fetal deterioration even in more unpredictable sIUGR such as type III.
• In our opinion, expectant management should be considered at least as a non-inferior management option for MCTA complicated by sIUGR.

Case 1

• 42 yo woman, G3P1A1, presented at 13 weeks with spontaneous MCTA triplets.
• At 18 weeks, a level II ultrasound showed:
  • Absent diastolic flow in the UA of twin B
  • Normal MCA and DV Dopplers
• Selective fetal reduction was discussed, but the patient opted for expectant management.
• Outcomes:
  • C-section at 32 weeks after a course of betamethasone.
  • All three babies had normal pH and APGAR at birth and have normal development at 1 year of age.

Case 2

• 22 yo woman, G1P0, presented at 13 weeks with spontaneous MCTA triplets.
• At 18 weeks, a level II ultrasound showed:
  • Absent/Reverse diastolic flow in the UA of twin B
  • Normal MCA and DV Dopplers
• Selective fetal reduction was discussed, but the patient opted for expectant management.
• Outcomes:
  • Weekly ultrasound: Twin B followed its <3th percentile growth curve. Spontaneous heart rates decelerations were also noted.
  • C-section immediately after a course of betamethasone and four hours of magnesium sulfate
  • All three babies had normal pH and APGAR at birth and have normal development at 1 year of age.