Introduction
Conjoined twins are the rarest type of twins, and the asymmetrical type is called parasitic or heteropagus. The parasitic twin is an underdeveloped fetus attached to a normal twin for growth, the autosite. The fusion and fission theories attempt to explain the embryogenesis of conjoined twins; and ischemic atrophy is the proposed theory for heteropagus conjoined twins.

Case Discussion
ALP, 29 year-old G2P1, was diagnosed with epigastric heteropagus conjoined twins at 22 weeks gestation. Twin A was well-formed with an omphalocoele.

Twin B was attached to Twin A between the diaphragm and cord insertion. It was a circular mass with the only parts identified were a portion of the skull, holoventricle, portions of the spines, and a double-chambered heart. Twin A’s fetal 2D echo was unremarkable, and Twin B’s heart had only 2 chambers and 1 great vessel.

Figure 1. The point of conjugation of the twins. They shared a liver and Twin B’s heart protruded out into Twin A.

The patient was admitted at 30 weeks gestation due to preterm labor and completed a course of corticosteroids before the labor progressed and she underwent Classical Cesarean Section at 32 weeks gestation.

Twin A was a live, well-developed male, 1.7 kg, 33 weeks by Ballard score with an omphalocoele. Twin B had no identifiable facial features or extremities and expired at the 2nd hour of life.

Figure 2. Twin B is circular mass with edema. Within it is a head, holoventricle, spines, and no extremities.

Figure 3. After delivery.

Conclusion
The twins were delivered at 30 weeks via Classical Cesarean Section, then surgically separated. Meticulous antenatal care, aided by sonography, and multidisciplinary management were essential to the success of this case.