**Introduction:**
Conjoined twins being the most extreme form of monozygotic twinning, occurs in about 1% of monozygotic twins. It is proposed that the origin of conjoined twins is at the primitive streak stage of the embryonic plate (15–17 days), and results from an error in blast genesis due to incomplete fission of a single zygote. Most conjoined twins are female approximately 70–75%, and most are born prematurely with an extremely high mortality rate. (1)

**The case:**
A 27 years old female patient, gravida 2 with 2 previous C.Sects, came to the Cairo Fetal Medicine Unit at 15 weeks of gestations. She had a family history of twins, and no history of exposure to any medication. Complete anomaly scan was done, the patient was found to have monozygotic twins of the conjoined type. The fetuses had two separate heads facing each other, they were joined at the thorax and sharing a common abdomen. They shared a single heart with two atria and two ventricles with the interventricular septal defect. A single large liver, two stomach bubbles, four kidneys and bowel loops were shared. Also two upper and two lower limbs were seen for each fetus. Both spines were well developed and normal. No other abnormality was seen for both. Ultrasound diagnosis of conjoined twins of thoracoomphalopagus type was made.

The couple was informed about our ultrasound findings and counseled on the various management options. The patient decided for termination of pregnancy. Termination was performed 4 weeks later, the twins died immediately postnatally. Confirmation of thoracoomphalopagus twins was diagnosed by gross examination of the abortus.

**References:**