Introduction
Endoscopic equatorial laser therapy (Solomon technique) has been shown to reduce the risk of the development of Twin Anemia Polycythemia Sequence and recurrent Twin-twin Transfusion Syndrome. Alternatively, this may negatively impact dual survival rates particularly for the donor twin.

Case
A 39-year old G1P0 with a monochorionic diamniotic pregnancy presented at 20 weeks gestation with Stage III twin-to-twin transfusion syndrome.

- Twin A: donor twin with anhydramnios, absent bladder, and absent diastolic flow in the umbilical artery and estimated fetal weight of 202 grams (<3%).
- Twin B: recipient twin with polyhydramnios (MVP of 13.3), cardiac hypertrophy, intermittent reversal of flow in the ductus venosus, and estimated weight of 314 grams (28%).

Fetal surgery
Fetoscopy, laser ablation of communicating placental vessels and, and amnioreduction of Twin B

Patient desired dual survival if possible, and decision was made to not perform the Solomon technique with patient’s understanding possible risk of recurrence of TTTS and development of TAPS.

Follow up after laser ablation
Twice weekly ultrasounds demonstrated normalization of amniotic fluid, improvement in umbilical artery Dopplers and appropriate interval growth over the next 5 weeks for both twins.

- Middle cerebral artery (MCA) Doppler studies demonstrated gradual development of TAPS.
- At 26 weeks, Twin A developed polycythemia with the MCA peak systolic velocity (PSV) of 0.4 multiples of the median (MoM) and Twin B developed anemia (MCA PSV: 1.8 MoM).
- Treatment with fetoscopy and Solomon technique was performed.

s/p delayed Solomon technique
MCA Dopplers improved with resolution of TAPS and patient remained pregnant for another 5 weeks.

Patient had preterm premature rupture of membranes and labor at 32 weeks and delivered by primary Cesarean section.

Twin A: 1330 grams, APGARs of 6, 8 Twin B 1600 grams with APGARs of 6, 8 Neither twin required a blood transfusion Twin A Hgb: 17.9 g/dL Twin B:16.4 g/dL Both twins only required appropriate respiratory support for a few days with CPAP and remained in NICU for prematurity. Twin A was discharged DOL 32 and Twin B DOL 25 with no complications at 1 year of life.

Conclusions
- A delayed Solomon procedure after selective laser coagulation may allow for dual survival with good neonatal outcomes.
- This can be considered when the donor twin has additional risk factors for demise including significant fetal growth discordance or abnormal Doppler studies.