Introduction
Under certain circumstances, women with twin pregnancies (TPs) may be advised to undergo invasive prenatal diagnostic testing. This study aimed to evaluate the procedure-related fetal loss and the obstetrical outcomes of these two techniques, CVS and amniocentesis (AC) in twin pregnancies.

Method
The data from dichorionic–diamniotic twin pregnancies on which first-trimester CVS (n=54) or second-trimester AC (n=170) was performed in a single center between 2006 and 2017 were retrospectively analyzed. The obstetrical and neonatal outcomes were assessed. The procedure-related fetal loss was classified as loss of one or all fetuses within 4 weeks of procedure, and overall fetal loss was classified as loss of one or all fetuses during the gestation.

Results
The mean gestational ages at which the procedures were undertaken were 12±0.05 for CVS and 17.9±1.7 weeks for AC. CVS had more indications for abnormal ultrasound scans, poor obstetrical history, and chromosomal aberration in the family; and AC had more indications of advanced maternal age (≥35 years) and abnormal biochemistry.

Table 1. Procedure related fetal loss and overall fetal loss

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<th>CVS</th>
<th>Amniocentesis</th>
<th>P-value</th>
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<tbody>
<tr>
<td>Procedure related fetal loss</td>
<td>1/54 (1.9%)</td>
<td>3/170 (1.8%)</td>
<td>1.000</td>
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<tr>
<td>Overall fetal loss</td>
<td>7.4% (4/54)</td>
<td>4.7% (8/170)</td>
<td>0.489</td>
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The difference in proportion of procedure-related fetal loss (1.9% for CVS vs. 1.8% for AC; P=1.000) and overall fetal loss (7.4% for CVS vs. 4.7% for AC; P=0.489) was not significant between the two groups. No significant difference was observed with respect to preterm delivery rate, mean gestational age, birth weights, and NICU admission rate between the groups.

Conclusion
The procedure-related fetal loss and the overall fetal loss of CVS appear comparable to AC. These findings can be used by clinicians when counseling parents of twins regarding their options for antenatal aneuploidy and genetic diagnosis and the associated risks.