A 23 year old G4P0 was diagnosed with monoamniotic triplets in week 9+2, with suspicion that two of the embryos were conjoined at the sacral area. The diagnosis of pyopagus conjoined twins with a third fetus with normal anatomy was confirmed at 11 weeks. Each of the conjoined twins had two lower extremities, two kidneys and separate bladders and external genitalia. One of the conjoined fetuses was hydropic, had vermis hypoplasia, univentricular heart and truncus arteriosus. The conjoined twins had one umbilical cord entering the fetus with normal anatomy. The patient opted to continue the pregnancy. The single fetus developed normally. The condition of the hydropic fetus worsened progressively, developing ascites and pericardial fluid from 24 weeks. The aim of pregnancy management now was to deliver at least one healthy child. Since the triplets were monoamniotic, intrauterine death of the hydropic fetus would result in immediate death of its conjoined twin and put the third fetus at high risk. She was delivered by cesarean section at 29 + 4 weeks. The healthy neonate weighed 1110 gm, with APGAR 10-10. The conjoined twins were given palliative care and died peacefully in their mother’s arms one day after delivery.

Conclusion
Accurate prenatal ultrasound diagnosis of multiple pregnancies and their complications is crucial in the management and outcome of these pregnancies.