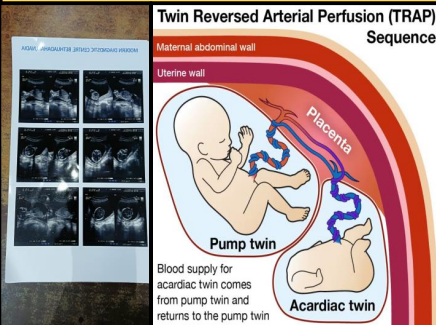


Title: **Two lives, One heartbeat- a case of Acardiac twin in TRAP sequence in a MCDA pregnancy**

Introduction-Acardiac twin syndrome, a rare complication of monochorionic twin pregnancies (1 in 35,000 births), arises from twin reversed arterial perfusion (TRAP) and significantly increases risks for both twins and the mother.

Objectives-This presentation aims to elucidate the diagnostic difficulties, management strategies and outcomes associated with acardiac twin syndrome



References-2022 Mar 21;17(5):1682–1691. doi: [10.1016/j.radcr.2022.02.057](https://doi.org/10.1016/j.radcr.2022.02.057).
[williams obstetrics](https://www.williamsobstetrics.com)

No conflict of interest



Case Presentation

Heading	Details
Patient Details	20 years, primigravida, O+ve, beta-thalassemia carrier, no comorbidities.
Initial Visit	GOPD at 7 weeks 5 days; Hb: 9.4 gm/dL; earliest USG: single intrauterine pregnancy of 6 weeks 5 days.
Key Findings	<ul style="list-style-type: none"> - 18 weeks 3 days: Singleton pregnancy, no anomalies, polyhydramnios. - 24 weeks 3 days: Twin pregnancy, one IUFD. - 28/07/24 (30+1 weeks): Hydrops in one twin; other twin acardiac.
Investigations	Blood, urine, ECG, ECHO: Normal.

Management and Outcome

Date	Details
3.08.24	Admitted with abdominal pain (31 weeks). BP: N, SpO2: 95%, CBG: 90 mg/dL, Hb: 8 gm/dL, FHS: 138/min.
Interventions	O2, IV fluids, antibiotics, steroids. Counselling done. Planned vaginal delivery (CS possibility discussed).
Delivery	<ul style="list-style-type: none"> - First baby: Cephalic, preterm, hydrops, delivered with asphyxia, did not survive. - Second baby: Acardiac, delivered by breech extraction.
Postpartum	Prophylactic carboprost; no significant vaginal/cervical injury. 2 units blood transfused. Discharged in good condition after 48 hours.

Conclusion-early detection and meticulous monitoring of TRAP in MCDA twin are vital for optimizing fetal maternal outcome.	Acknowledgement-entire AICOG team, my dept, my friends
--	--