

## Case Report

### Fetus Papyraceous: A Case Report

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**Abstract:** The term fetus papyraceus is used to describe a flattened, mummified fetus associated with a viable twin or multiple gestation. Intrauterine fetal demise of a twin after eight weeks gestational age with retention of the fetus for a minimum of 10 weeks results in mechanical compression of the small fetus such that it resembles parchment paper. Prior to eight weeks gestational age the only evidence of an intrauterine death of a twin may be a cyst on the fetal surface of the surviving twin placenta. In this report, we describe a case of fetus papyraceous identified after vaginal delivery of a case of twin pregnancy at term.

**Keywords:** fetus papyraceous, twin pregnancy.

#### CASE REPORT

A 24 years primigravida at 38 weeks of gestation admitted to labour ward of MKCG Medical College, Berhampur with complaints pain in lower abdomen for 1 day. Her first trimester was uneventful. In the early 2<sup>nd</sup> trimester at 14 weeks of gestation her USG report showed intrauterine twin foetuses, with one live and active fetus of 14 weeks 5 days and other was dead and placenta is anterior with adequate liquor. She lost to follow up since then and admitted at term with labour pains. On examination uterus was term size with cephalic presentation and normal FHR, moderate contraction. Per vaginal examination showed cervical dilation of 3 cm with irregular soft parts felt through os. The patient was allowed vaginal delivery. A small papyraceous baby (fig. 1 and 2) was delivered vaginally first followed by delivery of a term, live, male baby of 2.7 kg. Patient was kept under observation for next 24 hrs and then discharged.



Fig.1: Small papyraceous fetus along with normal healthy baby



Fig. 2: fetus papyraceous along with umbilical cord

#### DISCUSSION

The reported incidence of is 1:12,000 live births and ranges between 1:184 and 1:200 twin pregnancies [1]. In most cases death occurs in the second trimester. Virtually all occur before 28 weeks allowing enough intrauterine retention time to elapse in order for mummification to occur. In our case the estimated gestational age at the time of fetal demise was 14 weeks. Causative factors have been debated in the literature and in many cases remain unknown. The role of velamentous cord insertion has been postulated. A case of lethal nuchal cord was reported to result in fetus papyraceus. Others have seen this phenomenon occurring more often with monozygotic twin pregnancies versus dizygotic. No association with maternal age, parity or gravidity has been noted. In our case, a cause was not identified.

In many cases of fetus papyraceus there are no complications to the mother or to the surviving twin, as was the situation described in the case presented here. However, multiple reports have shown that complications can and do occur. The maternal complications include severe unexplained postpartum hemorrhage and maternal infection. Complications to the surviving infant include prematurity, mal presentation, intrauterine growth retardation and even death [2]. Congenital anomalies which have been reported include intestinal atresia, gastroschisis, absent ear, aplasia cutis, central nervous system damage and anomalies of the heart [3]. Some or all of these anomalies can be attributed to thrombi or other clotting factors from the dead fetus embolizing to the live twin and producing vascular occlusive lesions [4, 5].

Because of possible complications, more attention has been paid to the intrauterine diagnosis of fetus papyraceus by serial ultrasound examinations. Signs and symptoms of note which may be present include rapid uterine growth followed by slow or normal growth, vaginal bleeding, acute illness, sudden lower

abdominal pain and amniotic fluid leakage. The development or disappearance of toxemia may suggest death of a fetus or necrosis of the placenta.

#### REFERENCES

1. Livnat EJ, Burd L, Cadkin A, Keh P and Ward AB: Fetus papyraceus in twin pregnancy. *Obstet Gynecol* 1978;51(1 Suppl):41s-45s.
2. Camiel MR: Fetus papyraceus with intrauterine sibling death. *JAMA* 1967;202:247.
3. Baker VV and Doering MC: Fetus papyraceus: An unreported congenital anomaly of the surviving infant. *Am J Obstet Gynecol* 1982;143:234.
4. Benirschke K and Kaufmann P: *Pathology of the human placenta* (1990), 2nd edn., pp 684-690, Springer Verlag Publishers.
5. Csecsei K, Toth Z, Szeifert GT and Papp Z: Pathological consequences of the vanishing twin. *Acta Chir Hung* 1988;29:173-82.