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Twin anemia polycythemia sequence after fetoscopic laser photocoagulation in twin-to-twin transfusion syndrome: A report of two cases**Olga Eremina, Gladkova K A, Sakalo V A, Kostyukov K V, Belousov D M, Bystrykh O A, Gus A I, Tetrushvili N K and Shmakov R G**
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Twin Anemia-Polycythemia Sequence (TAPS) is a result of chronic transfusion through very small placental anastomoses. Sometimes it occurs spontaneously or after fetoscopic laser ablation for Twin-to-Twin Transfusion Syndrome (TTTS). We report a series of 2 cases of TAPS in twin pregnancies treated for TTTS by Fetoscopic Laser Photocoagulation (FLP) at the Research Center for Obstetrics, Gynecology and Perinatology, Moscow. 1st case occurred in 27 weeks of GA (Gestational Age) after FLP of placental anastomoses for TTTS in 21-22 weeks (Quintero II). A large intertwin discordance in middle cerebral artery (MCA) flow was diagnosed during routine Doppler study of PSV in middle cerebral artery (1,42MoM and 0,68 MoM) and three procedure of intrauterine blood transfusion was performed. An urgent C-section was performed at 31 weeks of GA (Gestational Age). After delivery newborns hemoglobin was 140 g/l and 222 g/l, respectively. 2nd case occurred also after FLP, TAPS was diagnosed in 34 weeks of GA, MCA flow were 0,65MoM and 1,8 MoM. An urgent C-section was performed. After delivery twins' hemoglobin was 130 g/l and 243 g/l, respectively. Due to a large intertwin hemoglobin discordance in both cases a blood transfusion in NICU was conducted. All newborns stayed in NICU and were alive after 1 month of delivery. To conclude, the monitoring of MCDA pregnancies after FLP for TTTS should include routine Doppler studies and measurement of MCA-PSV in both fetuses in order to find out the cases required intrauterine intervention to decrease neonatal mortality rates and improve the prognosis.

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