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Spontaneous Triplets Carried in a Uterus Didelphys ☆,☆☆,★

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ABSTRACT

Background: Spontaneous triplets in a uterus didelphys are an extremely rare finding. Only four other cases are reported in the literature.
Case: A 24 year old gravida 3 para 2-0-0-2 conceived spontaneous triplets in a uterine didelphys. She developed cervical insufficiency and underwent cerclage placement at 17 weeks. After spontaneous rupture of membranes at 29 weeks gestation, she underwent repeat cesarean section, with delivery of three viable fetuses. Mother and all three babies are currently alive and well.
Conclusion: Expectant management with cerclage placement is a possible alternative to selective reduction for desiring patients with triplets in a uterus didelphys.

There is no known data on the incidence of triplet pregnancy in uterus didelphys. However, the occurrence of twins in uterus didelphys is estimated at 1:1,000,000 [1]. It is reasonable to conclude that triplets in didelphys are an exceptional rarity.

To our knowledge, only four other cases of triplet pregnancies and uterine didelphys have been recorded (PubMed: triplets AND didelphys). Only one of these cases resulted in all three fetuses being born alive.

1. Case

A 24-year-old woman, gravida 3, para 2-0-0-2, was found to have a spontaneous dichorionic–triamniotic triplet gestation in a uterine didelphys. (see Fig. 1) All three triplets were carried in the left horn. Her previous two pregnancies had been carried in the right horn. At 17-2/7 weeks gestation, she was found to have cervical insufficiency with a cervical length of 2.4 cm, and underwent emergent McDonald cerclage placement with aggressive tocolysis. Post-cerclage cervical length was 4.9 cm, and she was discharged. At 28 weeks gestation, the patient was found to have cervical insufficiency again, with a cervical length of 1.1 cm with beaking and funneling to the cerclage. She was therefore readmitted for betamethasone and magnesium for neuroprotection. Her inpatient antepartum course was complicated by the development of absent end diastolic flow in fetuses B and C. Fetus C also developed oligohydramnios. At 29-6/7 weeks gestation, the patient began to labor and grossly ruptured clear fluid. She therefore underwent repeat low-transverse cesarean section. Three viable male infants were delivered without complication. Fetus A was a male infant, 1240 g, APGAR score 7/8. Fetus B was a male infant, 1160 g, APGAR score 8/9. Fetus C was a male infant, 1060 g, APGAR score 8/9. Her postpartum course was complicated by acute blood loss anemia, for which she received two units of packed red blood cells. She was uneventfully discharged on postoperative day number three. The triplets were transferred from our facility (a level 3 neonatal intensive care unit) to a level 2 neonatal intensive care unit on day 17 of life. The triplets have progressed throughout the first three years of life, and are currently alive and well.

2. Comment

Approximately 4.3% of fertile patients have a uterine anomaly. Uterine anomalies result from failure of the development, formation, or fusion of the paramesonephric ducts during fetal life, and/or multifactorial inheritance with a relative risk of 3–5%. Didelphys uterus results from failure of the mullerian ducts to fuse in the midline [2]. Didelphys uterus is associated with an increased risk of ectopic pregnancy, early miscarriage, late miscarriage, and preterm delivery [3]. One study of 114 gravid patients with didelphys showed a 56% live birth rate, 43% preterm birth rate, and 49% abortion rate [4]. Triplet pregnancies account for less than 1% of pregnancies, with spontaneous triplets 7 times less common than assisted reproductive technology-induced triplet pregnancies [5]. In the United States, the incidence of very premature delivery before 32 weeks gestation is 1.6% for singleton gestations. This increases to 36% for triplet pregnancies [2]. Spontaneous triplets in a

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★ Precis: Expectant management is an alternative to selective reduction for desiring patients with triplets in a uterus didelphys.
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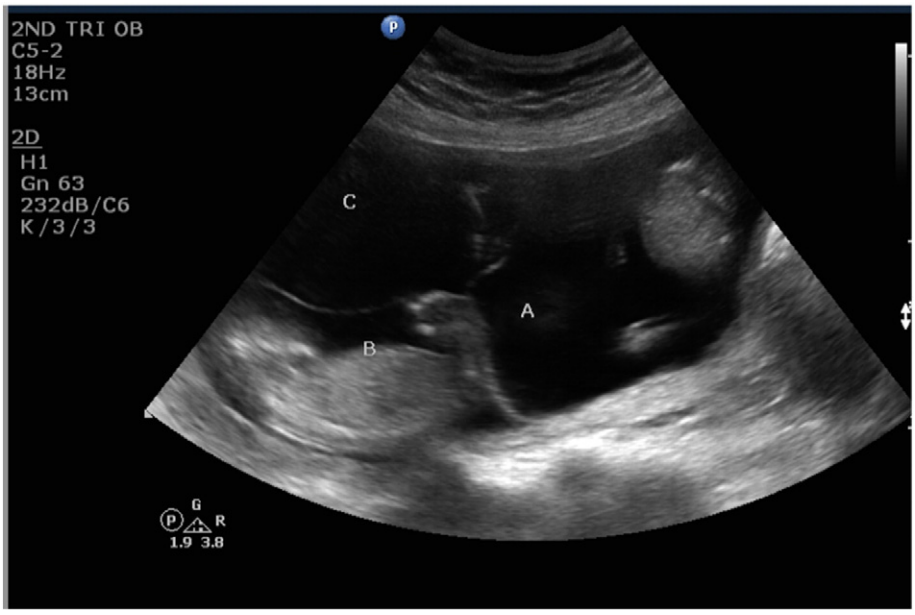

Fig. 1. 15-week ultrasound illustrating dichorionic, triamniotic triplet gestation.

uterine didelphys are an extreme rarity. Factors that separate our case from those previously published include use of cerclage, and all three babies surviving and doing well today. Our case shows that expectant management is an alternative to selective reduction for desiring patients with triplets in a uterus didelphys.

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