Epigastric heterophagus twin in a full-term neonate: Early diagnosis, multidisciplinary separation, and favorable outcome _ A case report

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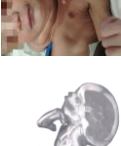
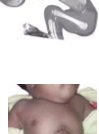
Introduction:

- Epigastric heteropagus twins represent a rare form of asymmetrical conjoined twinning.
- The normally developed twin (autosite) carries an incompletely formed parasitic twin attached to the upper abdomen.
- Early diagnosis and multidisciplinary management are critical for optimal outcomes.





Conclusion:

- This case highlights the importance of prenatal diagnosis, multidisciplinary planning, and timely surgical intervention in managing rare cases of epigastric heteropagus twins.
- Early coordinated care can lead to excellent surgical and functional outcomes.

Case Presentation:

- A 28-year-old woman, gravida 3 para 2, attended regular antenatal care.
- **Diagnosis:** Twin pregnancy was detected during the first trimester. In late pregnancy, detailed imaging suggested the presence of conjoined twins.
- **Delivery:** Due to a previous cesarean section, an elective cesarean delivery was performed.
- **Outcome:** A live, healthy female infant was delivered, accompanied by an epigastric heteropagus twin.
- The parasitic twin had a well-developed head and neck but no trunk or limbs. The autosite was admitted to the neonatal intensive care unit (NICU) for monitoring and further evaluation.
- **Investigations:** Full blood count, renal and liver function tests, echocardiography, and computed tomography (CT) were performed to assess internal structures and possible shared organs.
- **Surgery:** At 10 days of age, surgical separation was successfully carried out by a multidisciplinary team involving pediatric, plastic, and cardiothoracic surgeons, along with an anesthetist. The operation included meticulous separation and reconstruction of the anterior abdominal wall.
- **Postoperative course:** Recovery was smooth. Oral feeding began on postoperative day 3, and the infant was discharged in stable condition on day 7 after surgery.

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