



Spontaneous Monochorionic Triamniotic Triplet Pregnancy with Good Perinatal Outcome

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Short Communication

Here we present a case of spontaneous monochorionic triamniotic triplet pregnancy with good pregnancy outcome. A 19-year old healthy primigravida was referred to a tertiary perinatal centre due to the multiple pregnancy. The patient and her 21-year old partner did not have multiple pregnancies in their personal and family medical history. The current pregnancy was spontaneously conceived. The patient had menarche at the age of 12 and her menstrual cycles were normal. Ultrasound examination done at the 12th week of pregnancy revealed viable monochorionic triamniotic pregnancy with normal anomaly scan at 12 and repeated at 20th week of pregnancy. The pregnancy developed with no additional complications by the 31st week when the patient was hospitalized for contractions and was given dexamethasone in order to stimulate maturation of fetal lungs. Laboratory findings were normal without signs of inflammation. Ultrasound assessment showed normal and symmetrical fetal growth, good biophysical profile and dopplersonography without signs of the Twin-Twin Transfusion Syndrome (TTTS). Due to the premature labour (33 weeks and 2 days) and triplets positions (head, breech, breech) the caesarean section was done with deliveries of three healthy and vital male newborns (2280/43, Apgar score (AS) 9/10; 2160/44, AS 10/10, 2140/44, AS 10/10). The placentation was confirmed as monochorial by macroscopic and pathologic findings with two umbilical cord with velamentous insertion and one with a marginal insertion (Figure 1). The patient and the children were discharged from the hospital on the tenth day with consecutive good postpartum and neonatal course of all three children without complications.

The cases of spontaneous trigeminal monochorionic triamniotic pregnancy are very rarely described [1]. It is well known that the prevalence of multiples pregnancies is directly related to the methods of *in vitro* fertilization [2-4]. Multiple pregnancies are also related to a higher percentage of maternal gestational comorbidities (preeclampsia, gestational diabetes), then early and late abortions, TTTS, intrauterine death of the fetuses and premature births, as well. Among multiple pregnancies the trigeminal ones could be complicated by the fetal malformations and TTTS, which is possible to treat with fetoscopic laser coagulation, though with different perinatal outcomes [4-6]. The combination of chorionicity and amnionicity as in our case is a rare phenomenon in multiple spontaneous pregnancies, while in stimulated and assisted reproduction procedures are more common but still represent a rare and high-risk obstetrical problem. There is only one case of spontaneous monochorionic trigeminal pregnancy without fetal anomalies and TTTS described in the literature, pointing that our case of spontaneous monochorionic triamniotic trigeminal

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Figure 1: Monochorionic triamniotic triplets placenta.

pregnancy with good pregnancy outcome is important to be described and published [1].

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