

Case Report

Imperforate Anus in Symmetrical Conjoined Live Twins

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This is a case report of newly born twins. The live twins were with two separate heads and a symmetrical body, conjoined in a sagittal plane. Their thorax and abdomen were broader than singleton normal. Spines were separate in cervical regions but gradually approached each other and completely fused at sacrum. Single perineum had an imperforate anus.

Key words: Conjoined twins, Siamese Twins, Imperforate anus.

Qu'ran invites us time and again to look at our origin. Qu'ran says "Has a period in (this) Age not come over every man, when he was nothing worth mentioning." 76:1. We created man from drop of (semen) thickened fluid to test him 76:2. Then we made sperm into clot of blood, next We turned the clot into (fetus lump) and then turned lump into bones and clothed bones with flesh and then produced it a new creation. 23:14.11 Embryology reminds us to have a look at this and other similar sayings of the holy Qu'ran.

Sperm fertilizes ovum to form fertilized egg. Fertilized egg or zygote goes through series of changes to form blastomere, morula, and then embryo. Embryo goes through bilaminar and trilaminar germ disc stages. Finally period of organogenesis gives proper shape to the fetus³. Either fertilization of more than one ova or splitting of fertilized ovum leads to formation of dizygotic or monozygotic twins respectively².

Early in embryonic life there is a common chamber-cloaca into which opens the hind gut and allantois. The cloaca becomes separated into the bladder and postallantoic gut (rectum) by the down growth of septum. About this time an epiblastic bud, the proctodeum, grows in towards the rectum. Normally fusion between the two occurs during the third month of intrauterine life⁴.

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The mother of these twins came to the labor-room with the obstructed labor. Cesarean section revealed an astonishing result to every one; a wonder twin with two heads; one slightly less developed than the other and facing to the right one. They had separate necks, below which the bodies were conjoined with each other. (fig.1). there was a central rudimentary limb protruding in between the necks. This limb had at least one joint but no recognizable limb seen. Chest was broader with separate lungs; normal on lateral sides and compressed on the conjoined side. Hearts were two and crowded. Abdomen was broader than the singleton normal superiorly but gradually narrowed inferiorly to the pelvis as normal. Cranially spines were felt separate. Sacrum was only one. Twins had fully grown upper limbs on either side with recognizable normal upper arms, forearms and hands. There were only two lower limbs; one on either side having short thigh, fully

developed leg and foot. C.T. Scan showed bilateral short femur (Rhizomelic Dwarf) (Fig). Examination of perineum disclosed "imperforate anus". It was of low variety (Fig). Y-V anoplasty was done. Baby and mother were kept for three days in the hospital and then discharged. They were followed up. After two months both twins suffered from aspiration pneumonia and died. Death of first was fifteen minutes earlier than that of second.



Figures Rhizomelic Dwarf

Discussion:

Splitting of zygote during later stages of development may result in an abnormal or incomplete separation of axial area of germ disc². Incomplete separation of embryonic axis results in conjoined (Siamese) twins³. They are classified as thoracopagus, pyopagus and craniopagus². All varieties are rare. 29% of twins are rewarded with live births². Conjoined and Siamese are utmost rare variety and usually not compatible with life. It leads to intrauterine death. It is wonder to have a look at one. But misery over misery was to have an imperforate anus.

Imperforate anus develops due to non rupture of cloacal membrane in intrauterine life⁴. One infant in 45 000 is born with the imperforate anus⁴. 1.5% of patients with neural tube defects have imperforate anus⁵.

Broadly classified, imperforate anus is characterized as high or low variety depending on whether the rectum ends above levator ani muscle or partially descends through it⁶.

Prenatal diagnosis is of paramount importance in the management of delivery and prevention of peripartum mortality. Ultrasound^{7,8} and MRI⁹ help in prenatal diagnosis of these cases.

Separation of twins into two is a big¹⁰ anesthetic and surgical challenge^{11,12}.

While operating to separate Jodie and Mary; they died¹³. This issue has rose controversies about the treatment and its legal consequences¹⁴.

Conclusion:

It is wonder to look how beautifully Almighty Allah created us and when there is any congenital defect how helpless we are yet to manage! Even we do not remember or confide in Him!

References:

1. Malik AH, Qu'ranic Prism 2000:395-396 Islamic Research Foundation Pakistan Muzaffar Girh. Pakistan

2. Sadler JW, fetal membranes and placenta. Langman's Medical Embryology 7th ed. Willium and wilkins.1995; 101-121. Baltimore Maryland USA.

3. Willium LP, Mannister LH, Berry MM, Colin P, Dayson M DussekFj et al. congenital malformations and prenatal diagnosis: embryology and development ; Gray's Anatomy 38th ed. 1995; 91-341 Churchill Livingstone. New York.

4. Willium SN, the Anus and Anal Canal. Bailey and Love Short Practice of Surgery, 23rd ed. Arnold Publishers. 2000; 1115-1143 Edited by R.C.G. Russell, N.S. William and C.J.K. Bulstrode

5. Saleem A, Arshad M, Imran A, Latif S, Iqbal S Cheema AM. Neural Tube Defects. Pakistan Paediatric Journal 2000; 24; 85-90

6. Phillip P, Guzzetta JR, Kathryn D, Anderson R, Perteraltman, Kurt D, et al Pediatric Surgery. Principals of Surgery 6th ed. 1994; 1681-1724 (Schwartz Shire Spencer)

7. Esenkanga S, Gurbuz B, Yalti S, Asymmetrical parasitic diphalus Conjoined twin. J. Clinic ultrasound 2004; 32 (2): 102-5

8. Dakalakis G, Pilalis A, Tourikis I, MOulopoulos G, Karamoutzos I, Antskalis A, First trimester diagnosis of conjoined twin. Eu J Obstet Gynecol Repord Biol 2004 15:112 101-3

9. Righni A, Salmona S, Bianchini F, Zirpolis S, Mochetta M, Kustermann a et al. prenatal magnetic resonance imaging ischemic brain lesions in survivors of monochorionic twin pregnancies: report of three cases. J Comput Assist Tomog:2004 28(1): 87-92

10. Thomas JM, Lopez JI. Conjoined twins- the management of 15 sets from 1991-2002 paediatr anaesth. 2004 14(2) 117-9

11. Watanatittan S, Niramis R, Suwatarnaviy A, Havanoda S, conjoind twins: surgical separation in 11 cases. J Med Assoc Thai 2003 Aug; 86 suppl 3: S 633-43

12. tongsin A, Niramis R, Rottansuwant T. epigatric hetropagus Twin- a report of four cases. J Med Assac Thai: 86 3. 605-9

13. Kaczor C Tragic case of Jodie and Mary: Questions about separating conjoined twins. Linacere Q. 2003; 70(2): 159-70.

14. Hewson B Killing of Marry; was a court appeal right? Med Law Rev 2001:9(3); 28-98