

“En Caul” caesarean delivery for multiple pregnancy

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ABSTRACT

Introduction: Caesarean delivery of a severely premature fetus came with a risk of traumatic delivery due to drastic uterine contraction upon rupture of the membrane, the so called “hug-me-tight-uterine” condition. Added by the fragile fetal skin and the surgeon’s anxious hands. It is imagined to be worse with two babies. **Case Description:** This is a video presentation of a case series for multiple pregnancies delivered through “En Caul” caesarean that managed to prevent traumatic delivery to the premature babies. First case of a 33-week gestation, MCMA twin. Second case of MCDA twin at 26 weeks gestation and last case DCDA twin at 32 weeks of gestation. The MCMA and MCDA were delivered by full “En Caul” and DCDA case delivered with partial (first twin) and full (second twin) “En Caul” caesarean. The drastic uterine contraction was not seen in all three deliveries. Mothers were all under spinal anaesthesia and did not require uterine relaxant agent. Post deliveries all babies did not sustain any trauma and mothers had no post-partum haemorrhage or extended uterine tear. **Conclusion:** “En Caul” caesarean delivery is a safe procedure for pre-term multiple pregnancies and that one should consider especially for the MCMA.

Amniotic band syndrome (ABS) – A deadly trap in utero

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ABSTRACT

Introduction: Amniotic band syndrome (ABS) is rare and outcomes depend on the anatomic location of the band. Successful in utero treatment has been reported, however, experience is limited. We present our very first experience in attempting fetal therapy in a case of ABS with cord strangulation. **Case Description:** A 38-year-old, G3P2 was diagnosed with ABS involving the lower limb and umbilical cord at 24 weeks. TAS showed significant oedema with areas of constriction at both lower limbs. Multiple loops of cord appeared to be entangled near the constriction ring of the limb which raised suspicion of cord strangulation. Rapid progression with FGR, severe oligohydramnios, and Doppler abnormality raised the concern of cord strangulation. Thus, the fetoscopic release of the amniotic band was discussed and agreed upon with the couple. Fetoscopic release of the amniotic band was attempted at 26 weeks. However, the procedure was abandoned due to technical difficulties with the placenta position and oligohydramnios. The fetus further deteriorated and demised at 28 weeks. **Discussion:** Fetoscopy may be offered in ABS with limb constriction and cord involvement in the absence of other major malformations. The success rate for release of the amniotic band in utero was reported between 50-75%, and the ability to achieve a functional limb was around 40-50%. ABS can be a deadly trap causing loss of limbs and in rare cases, fetal demise. Early diagnosis and referral to a fetal therapy centre are indicated so that a thorough evaluation regarding the suitability of fetal therapy can be done.