Second trimester medical termination of a twin pregnancy complicated by placenta praevia – a complex clinical case.

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BACKGROUND

As many as 2.3% of second trimester terminations of pregnancy have been found to be associated with defective placentation[1]. Incidence may increase with rising caesarean section numbers and access to surgical termination of pregnancy. While placenta praevia does not preclude second trimester pregnancy termination, there are limited studies evaluating optimal management. Multifetal gestation may face a higher risk of uterine atony and haemorrhage due to greater uterine size.

AIM

To highlight the complexities of managing medical termination of a twin pregnancy complicated by placenta praevia.

CASE

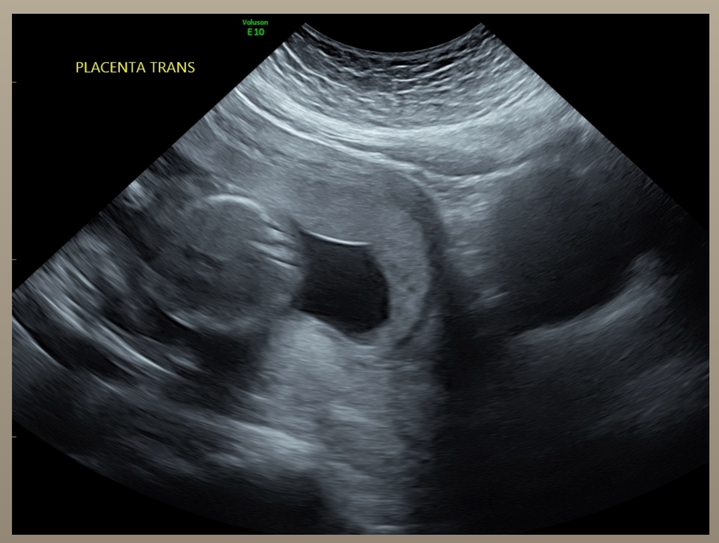
41yo G7P3T2M1 K18+5 with a DCDA twin pregnancy requested termination of pregnancy for social reasons. Background included three previous vaginal deliveries and two previous surgical terminations. Ultrasound demonstrated anterior placenta praevia of the presenting twin, covering the internal os and extending posteriorly by 1.29cm. The patient was counselled on the increased but unknown risk of haemorrhage with medical termination complicated by placenta praevia. The termination process was completed as an inpatient under close observation. The patient received mifepristone and misoprostol regime in accordance with guidelines[2], leading to spontaneous vaginal delivery of both twins. Operative management of retained placenta and post-partum haemorrhage was required.

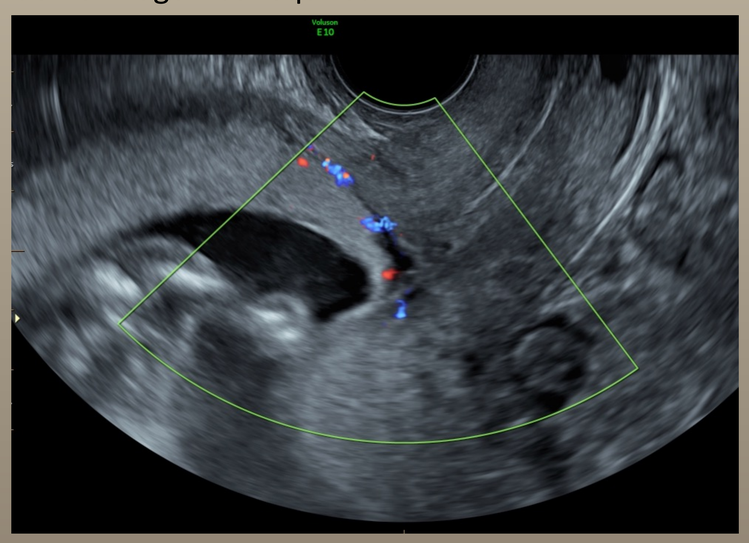
RESULTS

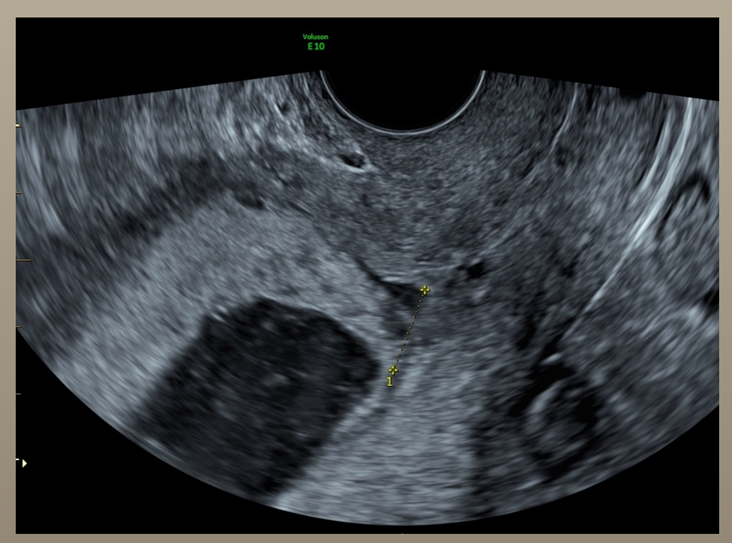
Combined therapy of mifepristone and misoprostol was successful in the termination of second trimester twin pregnancy with placenta praevia however the case was complicated by maternal haemorrhage of 1900mls and extended five-day hospital stay. The patient planned to undergo future elective tubal ligation for contraception.

DISCUSSION

This case demonstrates the successful medical management of a second-trimester termination of twin pregnancy with placenta praevia. The patient avoided further complications such as hysterotomy or hysterectomy due to timely management of peripartum blood loss.







Figures 1, 2 and 3: Ultrasound images demonstrating the anterior and low placenta of fetus 1, covering internal os and extending posteriorly by 1.29cm

References
1. Morotti M, Podestà S, Musizzano Y, et al. Defective placental adhesion in voluntary termination of second-trimester pregnancy and risk of recurrence in subsequent pregnancies. J Matern Fetal Neonatal Med. 2012;25(4):339–42.
2. Queensland Clinical Guidelines. Termination of Pregnancy [Internet] 2019 [amended 2023, cited 2024 Jan 11] available from www.health.qld.gov.au/qcg.