

## A Rare Case-Fetus Papyraceous an Incidental Finding

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**Abstract:** Fetuspapyraceous is a rare obstetric complication that involves the mummified fetus in a multigestational pregnancy. The dead fetus forms a parchment like state due to mechanical compression. We report a rare case of fetuspapyraceous in a 20year old female where inspite of regular antenatal follow ups the mummified fetus was identified only during the histopathological examination of the placenta.

**Keywords:** Fetuspapyraceous, Monochorionic, Diamniotic, Placenta

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### INTRODUCTION:

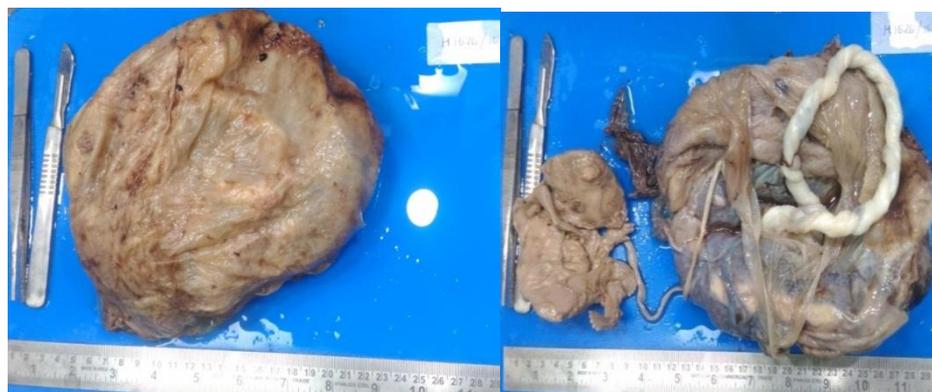
FetusPapyraceous is one of the complications associated with multiple gestations. The dead fetus resembles a parchment paper as a result of mechanical compression for a minimum of 10 weeks by the membranes of the living fetus and the uterine wall [1]. FetusPapyraceous is a rare complication with reported incidence of 1:12000 pregnancies and 1:200 twin pregnancies [2]. Although FetusPapyraceous is diagnosed by USG during routine antenatal visits cases have been documented which were not diagnosed on USG depending on placentation and were incidentally found only during placental examination [3]. In many cases of fetus papyraceous there are no complications to the mother or the living normal fetus. However Monochorionic pregnancies are at increased risk of complications like twin-twin transfusion syndrome, twin reversed arterial perfusion syndrome, single IUD with complications for the surviving twin [2]. We present a case of a 20year old woman with an uneventful pregnancy with fetuspapyraceous

### CASE PRESENTATION:

A primiparous 20yr old female, delivered a live female baby 3.15kg with 8/10 apgar score at 39

weeks of pregnancy. Placenta was expelled completely. Pregnancy was uneventful with regular antenatal visits and USG scans. All routine lab investigations were normal. No significant family history of twins. Placenta with membranes and cord were sent for histopathologic examination in view of large calcified area over the maternal surface of placenta.

At the department of Pathology, in a tertiary care center we received Placenta weighing 800gm with cord measuring 28cm. Placental membranes and cotyledons were intact. Cut surface showed calcified area measuring 5x3x3cm. Other half of the placenta shows areas of hemorrhage. While opening the membranes a mummified fetus was identified along with intact cord measuring 26cm attached to placenta. Rim of the placenta measuring 5x3cm showed whitish areas attached to cord with fetus. Bits were taken from whitish area, whitish surface from cotyledons, whitish edge of placenta, adjacent normal appearing cotyledons, umbilical cord of dead fetus, membranes, normal appearing cotyledons, normal cord, membranes attached to normal appearing cord.

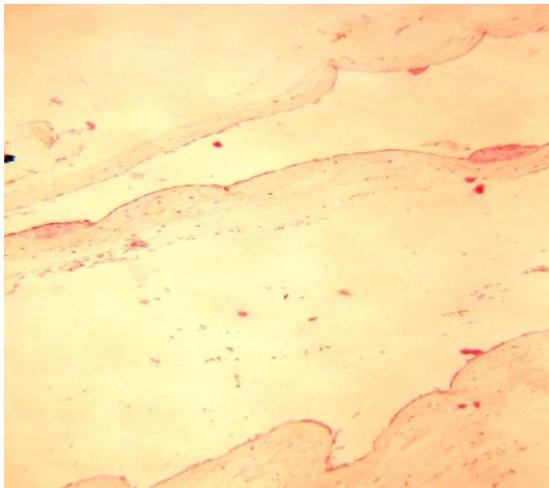


**Fig1 & Fig 2-placenta with fetusPapyraceous**

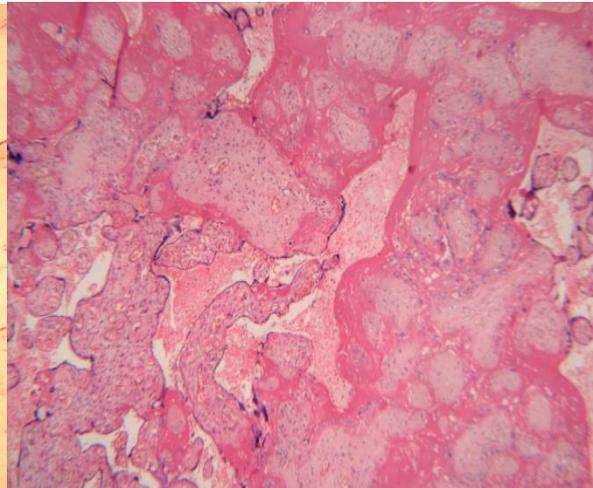
**Microscopy:**

Section from the placenta with attached dead fetus shows extensive areas of ischaemic necrosis and areas of calcification. Small chorionic villi with reduced vascularity and syncytial knots are focally seen in a background of hemorrhage. Sections of the other half of the placenta shows chorionic villi with normal

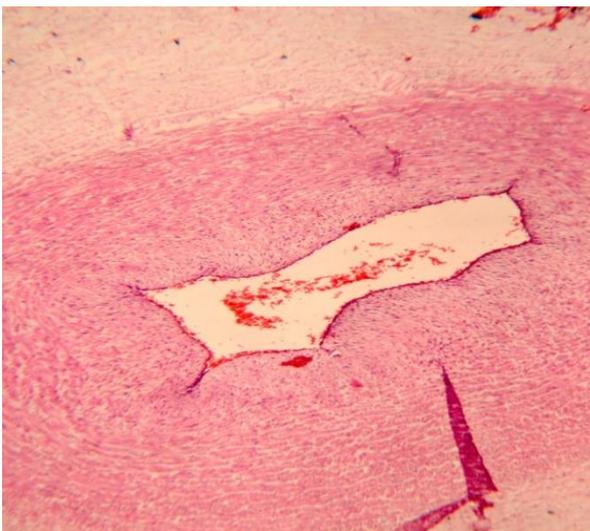
vascularity, syncytial knots and occasional foci of calcification. Intervillous fibrin deposits are seen. Membranes and cord appears normal. Impression was given as Infarction of Placenta with Diamniotic Monochorionic Fetus Papyraceous with Reduced Vascularity.



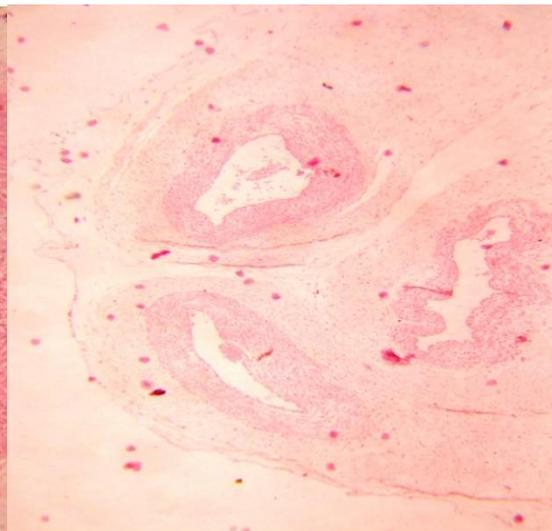
**Fig.3: Membranes**



**Fig.4: Areas of ischemia**



**Fig.5: Normal cord**



**Fig.6: Cord attached to dead fetus**

**DISCUSSION AND CONCLUSION:**

Fetus papyraceus is a rare complication of multifetal gestation reported in 1:12000 cases when one fetus dies in second trimester and is mummified and compressed between membranes of the other fetus and the uterus [4]. In most cases the fluid of the dead tissue is gradually absorbed and the amniotic fluid disappears [2]. The larger the fetus the more difficult it is to mummify and hence a higher risk of complications like IUD, twin twin transfusion syndrome, true cord knot, cord stricture, placental insufficiency and congenital anomalies [5]. Fetus papyraceus has the potential to obstruct labor. The incidence of congenital malformation in monochorionic twins is almost twice than dichorionic twins[5]. Risk of cerebral impairment

of the surviving twin is about 20% and about 25% risk for twin embolisation syndrome of the surviving twin[4,5].

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