

Spontaneously Conceived Quintuplets Pregnancy: A Rare Case Report

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Abstract: The incidence of a higher-order multiple pregnancy has increased over the past few decades mainly due to assisted reproductive techniques. Quintuplets are a rare occurrence, rarer if it is a spontaneous conception. The survival of the neonates in high order pregnancies is still rarer. Quintuplet pregnancies are high risk pregnancies associated with high rates of obstetric complications and significant perinatal morbidity and mortality. The crux of better outcome depends on early diagnosis, regular antenatal care, serial ultrasound monitoring and neonatal care in expert hands.

Keywords: multiple pregnancy, quintuplets, spontaneous conception, prematurity

INTRODUCTION

Higher order multifetal gestation is very rare, rarer if they occur without fertility treatment. Hellin's law states that the natural incidence of twins would be 1 in 89 live births, triplets 1 in 7921 live births, quadruplets 1 in 704969 live births and quintuplets 1 in 62,742,241 live births and so on. Nowadays, the incidence of multiple pregnancies has increased as a result of assisted reproductive techniques. It is estimated that 99% of quintuplets are due to fertility treatment. Thus, spontaneously conceived multiple pregnancy is a very rare occurrence [1,2].

CASE REPORT

A 32 year old female, Gravida 3 para 2 living 2, previous LSCS referred to AIMS, as a case of multiple pregnancy with severe anemia (4g/dl) at 27 weeks period of gestation. The conception was spontaneous with a history of previous cesarian 2 years back. Patient was thin built, malnourished with severe pallor, Pulse: 102 beats per min, BP: 120/80mmhg, Respiratory rate: 36/min. Per abdomen examination showed over-distended, relaxed uterus with shiny skin, Pfannensteil scar seen, multiple fetal parts were palpable and multiple fetal heart sounds audible by doppler. On per vaginal examination cervical os was

parous with no leaking or discharge PV. The patient was investigated – hemoglobin was 5g/dl with microcytic hypochromic anemia. Other investigations were within normal limits. Ultrasound showed quadruplets of average gestational age of 26 weeks 4 days, all in breech presentation and in separate sacs but placentae were not separate. The estimated fetal weight of each fetus was ~800 – 900 grams & scar thickness 5.2mm. Steroids were given to the patient for fetal lung maturity and 4 units of blood were transfused under close observation.

Five days after the admission, the patient went into preterm labour. All fetuses were delivered vaginally under ultrasound guidance. Assisted Breech delivery of four fetuses done with their common placenta (monochorionic quadra-amniotic). To our surprise, the fifth one came in caul with its placenta! Each newborn weighed ~ 700 – 800 grams. All neonates were kept in neonatal intensive care unit (NICU) and were given surfactant for lung function. However out of five, only one female with birth weight ~800gm survived. Now she is one and half years old with normal developmental milestones and doing well. Written consent was obtained from the patient and her husband for publication of the case and images.



Fig-1: Quintuplets in Neonatal Intensive Care Unit Post Delivery



Fig-2: Survivor child at one-n-half years of age

DISCUSSION

The number of multiple births has risen dramatically since 1980 with 77% increase in twins and

459% increase in triplets and higher order births. Factors that contribute to this include a trend towards delayed childbearing and advances in Assisted

Reproductive Techniques. Although the incidence of higher order multiple gestation has increased significantly, the accurate information on the natural outcome of these pregnancies is still relatively uncommon because of higher rates of fetal loss and increasing practice of multifetal pregnancy reduction (MFPR)[3].

The gestational age at delivery and neonatal birth weight in multiple pregnancies are inversely proportional to the number of fetuses contained within the uterus. Hence, multiple pregnancies are considered high risk with more complications observed as the number of fetuses increase. These include first trimester bleeding, incompetent cervix, preterm labor, premature rupture of membranes, placenta previa, abruption placenta, pregnancy induced hypertension, anaemia, stillbirths and perinatal deaths [4]. The psychological and social consequences with economical issues for a patient from poor socioeconomic background should be kept in mind. A meticulous approach initiated right at the time of diagnosis with proper counselling of the patient including regular antenatal care, serial ultrasound monitoring, adequate rest and nutritious diet is of utmost significance. Multifetal pregnancy reduction has emerged as a safe and handy tool in the management of higher order pregnancies [5]. However many patients refrain from this owing to various religious and ethical issues. Thus, a brilliant team work including Obstetrician, Neonatologist, Anaesthetist, Obstetric ultrasonographer, trained operation theatre staff along with adequate equipment with resources for maternal and neonatal resuscitation is the key to successful outcome.

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