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Case Report

Sirenomelia: A Case Report

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Abstract: Sirenomelia sequence is a rare development defect of the post axis caudal blastima . Hereby we are reporting one such case.
Keywords: Sirenomelia, Mermaid baby, teratogenic agents

INTRODUCTION

Sirenomelia (Mermaid baby) sequence is a rare development defect of the post axis caudal blastima .Reported incidence is 1:60,000 live births [1]. We report one such case.

CASE REPORT

A 26 years old woman was admitted with complaints of leaking per vaginum since 24 hrs with amenorrhea 9 months. She was 2nd gravida with previous one preterm IUFD vaginal delivery, one and half years back. There was no congenital malformation in that baby. There was no history of taking any medication in early pregnancy and the entire antenatal period was unsupervised. There was no history of malformation in the family and consanguinity.

On examination her vital parameters were normal. On per abdominal examination, uterus was 30 weeks in size with cephalic presentation. Head was fixed & FHS were regular. On per vaginal examination cervix was 1cm dilated, 25 % effaced, membranes were absent Vertex was at –3 station and pelvis was adequate. USG was done which showed a single live fetus of 28 –29 weeks, FHS & Fetal movements were present, amniotic fluid was less, placenta anterior with grade III changes. No congenital anomaly was detected by USG.

A diagnosis of IUGR with PROM was made. After counselling and informed written consent LSCS was done under spinal anesthesia by pfannensteil incision. Liqour was absent and an alive severely malformed baby was extracted out. APGAR at 5 and 10 minutes was 2/10. On examination, the baby had single fused lower limb oriented posteriorly with one foot and one toe. External genitalia and anal opening were absent. Upper limbs were normal (photograph enclosed). There was single umbilical artery. Birth weight was 1700 gms and length of the baby was 45 cms. The baby expired after 3 hours of birth. Attendants refused for X-ray and postmortem examination of the baby.

Fig: Photograph of the Baby

DISCUSSION

Sirenomelia is characterized by fusion of both lower limbs, absent genitalia and anal orifice and renal agenesis. The incidence is increased in monozygotic twins. Etiology is unknown but teratogenic agents like cadmium and lead; genetic predisposition and vascular hypoperfusion have been proposed as possile causative factors [2]. A male preponderance is seen [2]. Antenatal diagnosis of sirenomelia by X-ray and USG has been reported. Sometimes because of oligohydramnios the diagnosis of sirenomelia is missed as happened in our case. Prenatal diagnosis of sirenomelia is possible by demonstrating the fused femur, decreased distance between two femur, and decreased or absent mobility of the two limbs with respect to each other [2]. As it is possible to demonstrate sirenomelia as early as 20 weeks of gestation and being a lethal anomaly, an early diagnosis could be useful in terminating pregnancy at the earliest [1, 2].

REFERENCES

1. Bharadwaj AP; Sirenomelia. Indian pediatrics, 2004; 41(2): 196.

2. Taori KB, Mitra K, Ghonga NP, Gandhi RO, Mammen T, Sahu J; Sirenomelia sequence (Mermaid)- Report of three cases. Ind J Radiol Imag., 2002; 12(3): 399-401.