

## CLINICAL IMAGE

# Fetomaternal hemorrhage occurred in one fetus of dichorionic twin pregnancy

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**Key Clinical Message**

In a twin pregnancy, it may be difficult to notice the decreased fetal movements, which is one of the main symptoms of fetomaternal hemorrhage, in one fetus due to the movements of the other fetus.

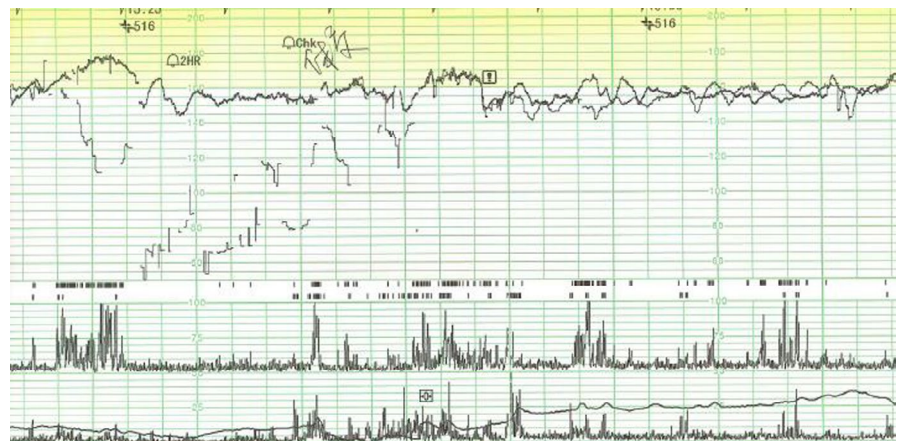
**KEYWORDS**

fetomaternal hemorrhage, symptom, dichorionic twin pregnancy, fetal movements.

We present a case of fetomaternal hemorrhage occurred in one fetus of dichorionic twin pregnancy with nonreassuring fetal status on cardiotocogram.

A 27-year-old woman (gravida 1 para 0) was admitted to our hospital at 36 weeks' gestation because of dichorionic twin pairs with fetal growth restriction in one twin. She felt fetal movements; however an emergency cesarean section was performed because of nonreassuring fetal status in twin B with severe variable deceleration (Figure 1) on cardiotocogram. Twin A was a 2,166-g female infant

with Apgar scores of 8/9 at 1/5 minutes while twin B was a 1,323-g female with Apgar scores of 3/7 with no signs of acute hemorrhagic shock. The hemoglobin concentration of twin B was 5.7 g/dL (normal: 13-22 g/dL) with reticulocyte counts of 7.4% (normal: < 7%). Twin B required a transfusion of red cell concentrate (55 mL). The maternal hemoglobin-F and serum alpha-fetoprotein levels were 4.0% (normal: <1.0%) and 3,760 ng/mL respectively. Fetomaternal hemorrhage was diagnosed in twin B.



**FIGURE 1** The presence of severe variable deceleration in Twin B (thin line) on cardiotocogram at 36 weeks of gestation. (Twin A: bold line)

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Fetomaternal hemorrhage refers to the entry of fetal blood into the maternal circulation before or during labor.<sup>1,2</sup> The symptoms of potential fetomaternal hemorrhage are highly nonspecific including neonatal anemia followed by decreased fetal movements. In a twin pregnancy.

it may be difficult to notice the decreased fetal movements in one fetus due to the movements of the other fetus.

### ACKNOWLEDGEMENTS

Written informed consent for publication of the clinical details as obtained from the parent of the patient study. The protocol for this case report was approved by the Ethics Committee of the Japanese Red Cross Katsushika Maternity Hospital (Shunji Suzuki: K2011). Published with written consent of the patient.

### CONFLICT OF INTEREST

All authors declare no conflict of interest relevant to this article.

### AUTHOR CONTRIBUTION

KS (Primary author): analyzed the data and wrote the manuscript. SS: involved in the idea of the manuscript, analyzed the data, and drafted the manuscript.

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