

Epigastric Heteropagus Conjoined Twins: Opinion

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Parasitic twin is an exceptionally rare condition with an incidence of less than 1 in 1 million births [1]. It represents a type of conjoined twin where an incompletely formed twin (parasite) tissues are joined to and dependent upon a fully developed twin (autosite) [2].

The etiology of heteropagus twins is not clear but there are currently two prevailing hypotheses. The theory of fission advocates an incomplete separation of the embryo while the fusion theory suggests a merger of two distinct parts [1,3]. The advanced theory hypothesizes that it occurs because of vascular failure in utero, resulting in one of the twins' death and partial resorption [1,2].

Conjoined twins are typically classified by the point at which their bodies are joined. The most common types of conjoined twins are [4]:

1. Thoracopagus (Joined at thorax).
2. Omphalopagus (Joined at the anterior abdominal wall).
3. Craniopagus (Joined at the cranium).
4. Ischiopagus (Joined at the buttocks).

Preoperative imaging has traditionally been limited to ultrasound, CT or MRI. Echocardiography is needed due to the increased occurrence of congenital heart disease.

Surgical technique varies depending on the wide variation of anatomy among cases. The bony and visceral unions make excision difficult. Excepting cases with severe cardiorespiratory or other life-threatening problems, survival is excellent in heteropagus twins [1,4].



Figure 1: Showing heteropagus twins with attachment at the epigastric and lower thorax. The parasitic component consists of a pair of upper limbs and pelvis with lower extremities.



Figure 2: Showing the same-sex of both autosite and parasite and loops of intestine outside the abdomen (ruptured omphalocele).

Bibliography

1. Sharma G., *et al.* "Heteropagus (parasitic) twins: a review". *Journal of Pediatric Surgery* 45.12 (2010): 2454-2463.
2. Satter E and Tomita S. "A case report of an omphalopagus heteropagus (parasitic) twin". *Journal of Pediatric Surgery* 43.6 (2008): 37-39.
3. Logrono R., *et al.* "Heteropagus conjoined twins due to fusion of two embryos: report and review". *American Journal of Medical Genetics* 73.3 (1997): 239-243.
4. Coran AG. "Pediatric surgery". In: *Pediatric surgery*. seventh edition. Elsevier Saunders.

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