

**Case Report****Fetus Papyraceous: A Case Report**Dr. Subhalaxmi Dash<sup>1</sup>, Dr. Sudhanshu Sekhara Nanda<sup>2</sup>, Dr. Ashok Behera<sup>3</sup><sup>1</sup>M.D. (Obst. & Gynecology), Senior Resident, Department of Obst. & Gynaecology, MKCG Medical College, Berhampur, Odisha-760004, India.<sup>2</sup>M.D. (Obst. & Gynecology), senior resident, Department of Obst. & Gynaecology, MKCG medical college, Berhampur, Odisha.<sup>3</sup> Professor(Dept of obst & gynecology) and Medical Superintendent, MKCG Medical College, Berhampur, Odisha-760004, India.**Corresponding author**

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**Abstract:** The term fetus papyraceus is used to describe a flattened, mummified fetus associated with a viable twin or multiple gestation. Intrauterine fetal demise of a twin after eight weeks gestational age with retention of the fetus for a minimum of 10 weeks results in mechanical compression of the small fetus such that it resembles parchment paper. Prior to eight weeks gestational age the only evidence of an intrauterine death of a twin may be a cyst on the fetal surface of the surviving twin placenta. In this report, we describe a case of fetus papyraceous identified after vaginal delivery of a case of twin pregnancy at term.

**Keywords:** fetus papyraceous , twin pregnancy.

**INRODUCTION**

Fetus papyraceus is used to describe that one of twin fetuses that has died and has been pressed against the uterine wall as a result of the growth of the living fetus i.e; a twin fetus that has died in utero early in development and has been pressed flat against the uterine wall by the living fetus [1].

**CASE REPORT**

A 24 years primigravida at 38 weeks of gestation admitted to labour ward of MKCG Medical College, Berhampur with complaints pain in lower abdomen for 1 day. Her first trimester was uneventful. In the early 2<sup>nd</sup> trimester at 14 weeks of gestation her USG report showed intrauterine twin foetuses, with one live and active fetus of 14 weeks 5 days and other was dead and placenta is anterior with adequate liquor. She lost to follow up since then and admitted at term with labour pains. On examination uterus was term size with cephalic presentation and normal FHR, moderate contraction. Per vaginal examination showed cervical dilation of 3 cm with irregular soft parts felt through os. The patient was allowed vaginal delivery. A small papyraceous baby (fig. 1 and 2) was delivered vaginally first followed by delivery of a term, live, male baby of 2.7 kg. Patient was kept under observation for next 24 hrs and then discharged.



**Fig.1: Small papyraceous fetus along with normal healthy baby**



**Fig. 2: fetus papyraceus along with umbilical cord**  
**DISCUSSION**

The reported incidence of fetus papyraceus is 1:12,000 live births that range between 1:184 and 1:200 twin pregnancies [5].

In most cases death occurs in the second trimester [2, 4]. Fetus papyraceus is a rare condition occurring in both monochorionic and dichorionic multiple gestations. A case presented two interesting and uncommon findings: velamentous insertion of the umbilical cord of the blighted fetus and a congenital abnormality of the surviving fetus [2].

Baker VV *et al.*; reported 3 cases of fetus papyraceus in twin pregnancy that were seen over a 4-month period. They were associated with antepartum stillbirth and intrauterine growth retardation of the larger twin. Two of the 3 mothers exhibited hypertension. They concluded that the appearance of a fetus papyraceus frequently indicates the presence of a hostile intrauterine environment. They suggested that serial ultrasonic examinations be performed to confirm the diagnosis of fetus papyraceus [3].

Congenital anomalies with congenital abnormalities in second twin is rare but reports include intestinal atresia, gastroschisis, absent ear, aplasia cutis, central nervous system damage and anomalies of the heart [5, 6].

This course of events can be well demonstrated by ultrasonography. The death of one fetus may be associated with minor malformations of the surviving one. After termination of twin pregnancies the detailed check-up of the newborn and histopathological examination of the placenta is essential [4].

In our case the gestational age the time of fetal demise was found to be 14 weeks.

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