Complications of a multiple gestation – a case of spontaneous quintuplets

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Introduction

Multifetal pregnancies present a great risk for both the mother and the developing embryos with a seven-fold greater maternal morbidity in multiple pregnancies as compared to the singletons. Multiple gestations are often associated with assisted reproductive technologies (ART) and have to be regarded as a serious adverse event. More than 30% of pregnancies using ART in the developed countries are twin pregnancies or higher order multiple gestations (triplets or greater). Spontaneous multiple gestations, however, are a very rare event with the natural incidence of triplets in the United States of 1 in 7925 pregnancies. Quadruplets are even more rare with the incidence of 1 in 600 000 pregnancies while the quintuplets probably occur only once in 15 to 20 million deliveries.

Materials and methods

A case of 33-year-old Caucasian woman, G3P2, with two previous vaginal deliveries is presented, where a quintuplet pregnancy was diagnosed on a routine ultrasound examination. In order to collect all the necessary data, a full obstetric and ultrasound examination, the blood tests and the interview with the patient were performed.

Results

A 33-year-old pregnant woman with her third pregnancy (8 weeks) was admitted to the Cantonal Hospital Zenica at the Department of Gynecology and Obstetrics with the diagnosis of a multiple pregnancy, fatigue, fever and vomiting. Patient's history revealed previous 2 spontaneously conceived pregnancies, no history of polycystic ovary syndrome (PCOS), no fertility problems and no multiple gestations in her family. Emergency blood count: Er-4,70, Hgb-14,1, Hct-0,39, MCV-83,5, MCH-30, MCHC-36, WBC-11,75, CRP-161, PLT-213, PT(s)-12,4, PT-95, INR-1, APTT-38,5, TT-13,8. Detailed ultrasound examination revealed 5 gestational sacs in utero with 1 embryonic echo and 1 barely visible yolk sac suggesting a potential superfecundation. Furthermore, anamnestic data revealed that repeated ultrasound examinations have allegedly shown an additional yolk sac every time the ultrasound was performed. However, fetal heart rate (FHR) has not been recorded with the consequent diagnosis of a missed abortion. Patient underwent dilatation and evacuation along with the antibiotics treatment and was discharged from the hospital the next day.

Conclusions

The aim of this case report is to show the possibility of a spontaneous quintuplet pregnancy in a patient with no previous fertility problems and a potential superfecundation based on a different ultrasound images on a few repeated examinations. However, due to the patient's infection and the well-known risk of multifetal pregnancies, this pregnancy ended in the first trimester. Patient was advised for the further evaluation of her gynecological and hormonal status before the next pregnancy due to this rare phenomenon.

References

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