

## Symptoms of Conjoined Halves

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### Commentary

Conjoined halves are two babies who are born physically connected to each other. Conjoined halves develop when an early embryo only incompletely separates to form two individualities. Although two fetuses will develop from this embryo, they will remain physically connected most frequently at the casket, tummy or pelvis. Conjoined halves may also partake one or further internal organs.

Though numerous conjoined halves aren't alive when born (stillborn) or die shortly after birth, advances in surgery and technology have bettered survival rates. Some surviving conjoined halves can be surgically separated. The success of surgery depends on where the halves are joined and how numerous and which organs are participated, as well as the experience and skill of the surgical platoon [1].

### Description

#### Symptoms

There are no specific signs or symptoms that indicate a conjoined binary gestation. As with other binary gravidity, the uterus may grow faster than with a single fetus, and there may be more fatigue, nausea and puking beforehand in the gestation. Conjoined halves can be diagnosed beforehand in the gestation using standard ultrasound [2].

#### Halves are joined as

Conjoined halves are generally classified according to where they are joined, generally at matching spots, and occasionally at further than one point. They occasionally part take organs or other corridor of their bodies. The specific deconstruction of each brace of conjoined halves is unique [3].

Conjoined halves may be joined at any of these spots

**Casket:** Thoracopagus (thor-uh-KOP-uh-gus) halves are joined face to face at the casket. They frequently have a participated heart and may also partake one liver and upper intestine. This is one of the most common spots of conjoined halves.

**Tummy:** Omphalopagus (om-fuh-LOP-uh-gus) halves are joined near the bellybutton. Numerous omphalopagus halves partake the liver, and some partake the lower part of the small intestine (ileum) and colon. They generally don't partake a heart.

**Base of chine:** Pygopagus (pie-GOP-uh-gus) halves are generally joined back to back at the base of the chine and the buttocks. Some pygopagus halves partake the lower gastrointestinal tract, and a many share the genital and urinary organs [4].

**Length of chine:** Rachipagus (shaft-KIP-uh-gus), also called rachiopagus (shaft-kee-OP-uh-gus), halves are joined back to back along the length of the chine. This type is veritably rare.

**Pelvis:** Ischiopagus (is-kee-OP-uh-gus) halves are joined at the pelvis, either face to face or end to end. Numerous ischiopagus halves partake the lower gastrointestinal tract, as well as the liver and genital and urinary tract organs. Each twin may have two legs or, less generally, the halves partake two or three legs.

**Box:** Parapagus (dad-RAP-uh-gus) halves are joined side to side at the pelvis and part or all of the tummy and casket, but with separate heads. The halves can have two, three or four arms and two or three legs.

**Head:** Craniopagus (k-ray-nee-OP-uh-gus) halves are joined at the reverse, top or side of the head, but not the face. Craniopagus halves partake a portion of the cranium. But their smarts are generally separate, though they may partake some brain towel.

**Head and casket:** Cephalopagus (sef-uh-LOP-uh-gus) halves are joined at the face and upper body. The faces are on contrary sides of a single participated head, and they partake a brain. These halves infrequently survive.

In rare cases, halves may be conjoined with one binary lower and lower completely formed than the other (asymmetric conjoined halves). In extremely rare cases, one twin may be plant incompletely developed within the other twin (fetus in fetu) [5].

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### Conflict of Interest

The authors declare that they are no conflict of interest.

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