ovulation induction have been possible causes of conjoined twinning [6]. Prenatal diagnosis of conjoined twins is usually performed by ultrasonography, and is confirmed by a more definite imaging method such as MRI. Some important hints that are highly suggestive for conjoined twins are: lack of a separating membrane, detection of other anomalies, multiple (>3) vessels in umbilical cords and fetal bodies are never seen separately on regular sonography visits [7]. Ultrasonography can diagnose CT from the beginning of 12th week of pregnancy, and transvaginal sonography is also capable to detect it even in earlier times [8-9]. Utilization of MRI is also another unique imaging method for confirming ultrasonography findings. MRI technique is highly selective for evaluation the soft tissue defects, such as bladder extrophy, a common findings in CT [10-11]. Early diagnosis of conjoined twins, however is a great help in management of pregnancy and determining delivery technique. Even after live birth, imaging methods play an important role to detect fatal defects, especially in inner organs. Possible separation of conjoined twins should be beard in mind if there are no life-threatening malformations [12]. Such operations usually have good satisfactory outcome unless for shared cardiac chamber or single extrahepatic biliary tree.

References


Figure 2: Sagittal T1 MRI of conjoined twins, short arrow dilated occipital horn of hydrocephalic fetus, thin long arrow common heart, thick long arrow common liver.