

Quintuplets Born To a Woman without Fertility Treatment: A Rare Case Report in Regional Institute of Medical Sciences, Manipur, India

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Abstract: The incidence of a higher-order multiple pregnancy has increased during the last decades mainly due to assisted reproductive techniques. Quintuplets are a rare occurrence. This is even rarer if they are born to a woman without fertility treatment. The survival of the infants is even rarer. We here report a case of a woman who presented at 26 weeks of gestation and gave birth to five babies through vaginal route.

Keywords: Quintuplets, spontaneous conception, monochorionic monoamniotic, monochorionic diamniotic

I. Introduction

Spontaneous pregnancies with more than two fetuses are very rare. Hellin's Law states that before the advent of fertility methods, the natural occurrence of multiples would be Twins 1 in 90 live births, Triplets 1 in 8,100 live births, Quadruplets 1 in 729,000 live births and Quintuplets 1 in 65,610,000 live births. It is estimated that 60% of triplets are from fertility treatments, 90% of quadruplets are from fertility treatments, and 99% of quintuplets are due to fertility treatments[1]. Thus, quintuplets conceived spontaneously are rare occurrence. As compared with singleton pregnancies, quintuplets are associated with a higher risks of hypertension, incompetent cervix, premature rupture of membranes, placenta previa, abruptio placenta, first-trimester bleeding, preterm labor, anemia, stillbirths and perinatal deaths[2]. We here report a case of a woman who presented at 26 weeks of gestation and gave birth to five babies through vaginal route.

II. Case Report

A 34 year old women, G5P4+0+0+4, referred to RIMS, as a case of undiagnosed twins at 26weeks 2days gestation in early preterm labour. All previous pregnancies were singleton pregnancies delivered at term. On examination patient was healthy looking with blood pressure 130/80 mmhg and pulse 82 beats per minute. Per abdominal examination showed abdomen unduly distended, multiple fetal poles felt, two fetal heart sounds audible at two different areas simultaneously with a silent area in between. On per vaginal examination, cervix was 8cm dilated and fully effaced, bag of membrane was bulging, station at 0 with the 1st fetus in cephalic presentation. Ultrasound examination further showed multiple pregnancies, but quintuplets could not be ruled out. Labour was augmented with oxytocin. Five newborns, two females monochorionic monoamniotic, two females monochorionic diamniotic and one male were born. The first two babies were delivered by cephalic presentation. Subsequently, the next two by breech extraction and the fifth by cephalic presentation. Placenta and membranes delivered spontaneously and completely. AMTSL/Active management of third stage of labour was done. Post partum period was uneventful. She was discharged 3 days after delivery. Written consent was obtained from the woman and her husband for publication of the study and images.

The weights of the children were 900gms, 900gms, 700gms, 700gms, and 800gms respectively. All the babies were admitted in neonatal intensive care unit (NICU). Due to inadequate neonatal unit in terms of equipment and staff expertise, which is typical of most developing countries, all the babies died during their NICU stay.



Fig. 1 Photo of Quintuplets babies



Fig. 2 Photo of placenta and membranes

III. Conclusion

Multiple pregnancy is considered a high-risk pregnancy with more complications observed as the number of fetuses increase. The use of ultrasound by the obstetric ultrasonographer throughout multiple pregnancy is of cardinal importance in the management of these pregnancies. Quintuplet pregnancies are associated with high rates of obstetric complications and significant perinatal morbidity and mortality[3-5]. Early neonatal and perinatal mortalities were significantly higher in quadruplets and quintuplets than in triplets[6]. With assisted reproductive technologies, multiple pregnancies now have become common to an extent, thus raising concern about obstetric implications in such cases. A multidisciplinary team with meticulous approach consisting of Anaesthesiologist, Obstetrician, Pediatrician, Operation theatre staffs with additional equipment for resuscitation of mother and babies are required at the time of delivery for the safe and best outcome[7].

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