

CASE REPORTS

BIRTH OF QUINTUPLETS A GREAT CHALLENGE

Samina Kemal¹, Huma Muzaffar¹, Shama Chaudhry¹, Rubina Hussain¹
¹Department of Obstetrics & Gynaecology, Ziauddin University Hospital

ABSTRACT

Different names have been used for multiple births depending on the number of offspring of which common multiples are 2 and 3, in our case we have 5. They are associated with high rates of complications like: preterm labor, pre eclampsia, low birth weight and significant perinatal mortality and morbidity. Quintuplets occur rarely making the survival of infants even rarer. We here report a case of non-booked woman who presented in her third trimester of gestation. Who on ultrasound was found to be having 4 babies but surprisingly at the time of delivery, 5 babies were delivered by caesarean section, of which one was IUD (intrauterine death) and another baby expired on the second day of operation due to interventricular hemorrhage as the infant was of low birth weight and premature. The remaining infants were kept in NICU. This is a very precious pregnancy and since we found out that the frequency of multiple pregnancies with more than two fetuses has increased considerably since the introduction of methods of ovulation induction the case was looked on carefully according to the requirements.

KEY WORDS: Quintuplets, antenatal care, caesarean section, perinatal mortality, perinatal morbidity, IUD (intrauterine death)

DISCUSSION

Gestational diabetes mellitus is a state of glucose and A dramatic increase in the incidence of high multiple pregnancy since mid-seventies has been well documented and found in medical literature^{1,4}. In addition to economical and logistical problems associated with them, these infants have a high rate of mortality and morbidity.^{3,4} Firstly we will present an account of surviving quintuplets and their occurrence, followed by the medical issues involved in the management and care of such cases.

CASE REPORT

A 30 year old woman, married for 16 years, G3 Para 0+2, presented at 27th week of gestation with quadruplets as a result of ovulation induction treatment. She has pregnancy induced hypertension and is referred from a private hospital in Quetta, for good antenatal care and management. On admission, the husband was counseled completely about the status of the babies, need of ICU, NICU and further complications were explained. High risk consent was taken.

Physical examination revealed a young woman, looking-pale, sitting uncomfortably due to huge edematous abdomen and pedal edema. She was hospitalized immediately for blood pressure and fetal growth monitoring. Corticosteroid Betamethasone was offered for lung maturity. On admission her BP was 160/100mmHg, pulse 88bpm, Oxygen saturation was 98%.

On abdominal examination, height of fundus was more for gestational age due to multiple pregnancies, fetal heart sounds were audible and multiple fetal parts were palpable. Abdomen was very edematous.

Ultrasound examination further revealed quadruplets, but quintuplets could not be ruled out. The presentation was both breech and cephalic. Fetal heart activity was present. Initially the amniotic fluid was adequate but later it decreased in amount. No gross fetal abnormality was noted.

Her Hemoglobin was found to be 6.8g/dL, platelets were $248 \times 10^9/L$, urea 20 mg/dL, uric acid 7.65 mg/dL, creatinine 0.48 mg/dL and urine albumin was positive 100mg/dL. Coagulation profile was within normal range. Anemia was corrected by blood transfusion. Hemoglobin was checked weekly while renal functions were also monitored on alternate days that were gradually increasing. Proteinuria was also increasing when investigated on daily basis. Physician was involved. Fetal monitoring was done by CTG twice a day that was normal. Doppler Ultrasound was also performed on alternate day that showed mild placental insufficiency. On the 30th week, one of the infants on monitoring was found IUD. After which the parents were again counseled and informed about all the possibilities which may occur and affect others as well since her blood pressure was high and that she should be operated immediately. They were counseled about the elective caesarean section. Both the patient and husband agreed.

During caesarean section, surprisingly the quintuplets were revealed, one was IUD and four were alive. Three female babies had breech presentation of weight 1.3kg, 1kg and 1.3kg respectively, one male of 1.5kg was cephalic, and female IUD of 0.6kg had an oblique lie. Apgar score of 2 was 6/1, 2nd was 8/5, third was resuscitated due to respiratory distress syndrome who was then moved to the ventilator and eventually died on the second day of operation due to prematurity as mentioned above. The pregnancy was di-amniotic and di-chorionic and placenta was

delivered one by one. Liquor was found to be clear. Uterus was very large for which a B-Lynch suture was applied prophylactically to prevent the postpartum hemorrhage. Oxytocin and Misoprostol were given to prevent the postpartum hemorrhage as an active part of management. Intraoperatively one packed cell and 6 FFPs were transfused.

DISCUSSION

Quintuplets are rare and unique because "quintuplets pregnancies are associated with high rates of obstetrics complications and significant perinatal morbidity and mortality"⁸.

Literature and Web were searched for more data regarding quintuplets in general and those who survived. The first quintuplets that are known to have survived infancy are Dionne quintuplets born 28th May 1934 in Corbeil, Ontario, Canada (Figure 1).

Before the Dionne, the world record for surviving quintuplets had been 55 days, born to mother in Lisbon, Portugal in 1866.⁷ Other well followed up and well described quintuplets include the Whalen quintuplets and the Brooks quintuplets⁷.

In Pakistan, there has been one previously reported case of a woman giving birth to three boys and two girls in Karachi through caesarean section. We know a case born through normal vaginal delivery and without treatment in Quetta in 2008.

In a report by Schenker et al.⁹ above five quintuplet pregnancies, 3 delivered by caesarean section at 33 to 35 week gestation, of the 15 children born, 13 survived. In another report, quintuplets are reported to have survived the perinatal period.¹⁰ The largest report comes from Francois et al.⁸, who reviewed 36 cases of quintuplets arising from ovulation induction (5 cases) and hormonal stimulation and assisted reproductive technologies (31 cases).

Figure 1. Quintuplets born on 17th September 2014, Karachi



Figure 2. The Dionne sisters in 1947.

