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## POSTOPERATIVE COMPLICATIONS RISK AFTER MULTIFETAL PREGNANCY REDUCTION

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Koroteev A. L., Talantova O. E., Novikova A. V., Prokhorova V. S. and Mikhailov A. V.  
D. O. Ott Institute of Obstetrics & Gynecology RAMS, St.-Petersburg, Russia

**Objective:** *To study postoperative complications risk after multifetal pregnancy reduction (MFPR).*

**Methods:** *In 1995-99 117 fetal reductions in 90 patients were performed. The term of pregnancy on the moment of operation was from 8w+1d to 13w+6d, in average 10 weeks+3 days. The method of fetal selection was based on fetal biometry data and Doppler investigation of fetoplacental system. 27 sets of quadruplets were reduced to twins and 63 sets of triplets - to twins. Under ultrasound guidance the puncture of fetal thorax was performed in cardial area by means of transabdominal needle 22G and 1-2 ml of 4% KCl solution was injected. The asystolia was observed during first minute after solution injection.*

**Results:** *Multifetal pregnancy reduction was effective in all cases, no complications were registered. As in other invasive procedures during pregnancy the loss of fetuses continued development after MFPR during 2 weeks is directly connected with the procedure. The fetal loss within next 2 weeks is caused mostly by initial patient state before and during pregnancy. The fetal loss 4 weeks after the procedure is not associated with multifetal pregnancy reduction. In our investigation 2 cases of fetal loss (2,2%) were registered within 4 weeks after MFPR.*

**Conclusions:** *The results allow to consider that multifetal pregnancy reduction is relatively safe procedure for future pregnancy development.*

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## TYPE OF PLACENTATION AS A CRITERIA OF FETAL SELECTION BEFORE MULTIFETAL PREGNANCY REDUCTION

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D. O. Ott Institute of Obstetrics & Gynecology RAMS, St.-Petersburg, Russia

**Objective:** *to study the possibility of using the type of placentation as a criteria of fetal selection before multifetal pregnancy reduction (MFPR).*

**Methods and results:** *method of fetal selection before fetal number reduction in multiple pregnancy developed after assisted reproductive technology (ART) was based on estimation of presence of fetal chromosomal diseases ultrasound markers, fetal biometry & Doppler investigation of fetoplacental system. However, sometimes the obstetrical situation requires to find other fetal selection criterias before MFPR. In first case the reduction of diamniotic monochorial twins in quadruplet pregnancy after ART was performed. The diamniotic dichorial twins continued its development after procedure. In the second case the dizygotic pregnancy was diagnosed after ART, it consisted of diamniotic monochorial twins & third fetus which was subjected to reduction. Such kind of selection is based on the risk of development of twins embolization syndrome in which the tromboplastic substance is transferred from dead fetus to alive one resulted in DIC syndrome and/or cerebral insults in fetus with consequent severe neurological outcomes.*

**Conclusions:** *so, the type of placentation in multiple pregnancy can be used as a criteria for fetal selection before multifetal pregnancy reduction in the purposes of decreasing the levels of perinatal morbidity and mortality.*