

LETTER TO EDITOR (VIEWERS CHOICE)

THE TINIEST LIVING TWINS IN INDIA

Bharat Kansal, Mohammed Jawad M, Chaitali Raghoji, Ashwini RC, G Guruprasad

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Micropreemie infants are physiologically immature, extremely sensitive to small changes in respiratory management, blood pressure, fluid administration, nutrition and virtually all other aspects of care. (1) Twin babies were born at 26 weeks of gestation according to last menstrual period to a 25 years old primigravida mother. First is a female and second male with birth weight 600 g and 690 g respectively. Mother had a precipitous labour with uneventful antenatal period and did not receive glucocorticoids before delivery. The babies cried immediately after birth and were shifted to our institute at 3 hours of life in view of requirement of level III care. On examination, the babies were small for gestational age and had respiratory distress syndrome (RDS). Thermoregulation, fluids and electrolytes balance were ensured. Both babies were kept under head box oxygen. As shown in Graph I & II at day 3 of life minimum enteral nutrition was started and reached to full feeds on 17th day of life. The female and male babies reached nadir on day 13th and 7th respectively and regained birth weight on day 27 and 28 respectively. During hospital course the babies suffered from RDS, necrotizing enterocolitis, sepsis, anemia, hyperbilirubinemia and multiple apneic episodes. Kangaroo mother care was started for babies as soon as they reached 1000 g. During hospital stay the twins received a few aliquots of packed red blood cells secondary to anemia. Retinopathy of prematurity (ROP) screening for both babies showed bilateral zone 2, stage 2 ROP and was treated with laser. At the time of discharge neurosonogram and CT brain were normal. At 121 days of life female and male babies

were discharged with weight of 1500 g and 1600 g respectively. Presently, the babies are on regular follow up with weight of 2200 g and 2700 g for female and male baby respectively at 183 days (6 months) of life. On follow up neuroclinically, brainstem evoked response audiometry (BERA) and repeat ophthalmic evaluation were normal.

Various authors have found high mortality in the neonates <750g and <28 weeks gestation. Low birth weight, lack of antenatal steroids, birth asphyxia, surfactant therapy, mechanical ventilation, duration of oxygen therapy and hypotensive shock are the predictor of major morbidity & mortality. (2,3) World's smallest twins to have survived from birth until hospital discharge are with birth weight of 260 g and 567 g born at 25 weeks and 6 days of gestation [4]. In India smallest and second smallest baby survived is 480 g and 495 g respectively [5]. We have managed micropreemie twins with birth weight of 600 g & 690 g and with present weight of 2200 g and 2700 g at 183 days of life with normal neurological examination. No smaller twin survival than this has been documented in India. As no case has been reported with birth weight less than these twins in the country, we will like to document India's smallest twin babies to have survived from birth until hospital discharge till now.

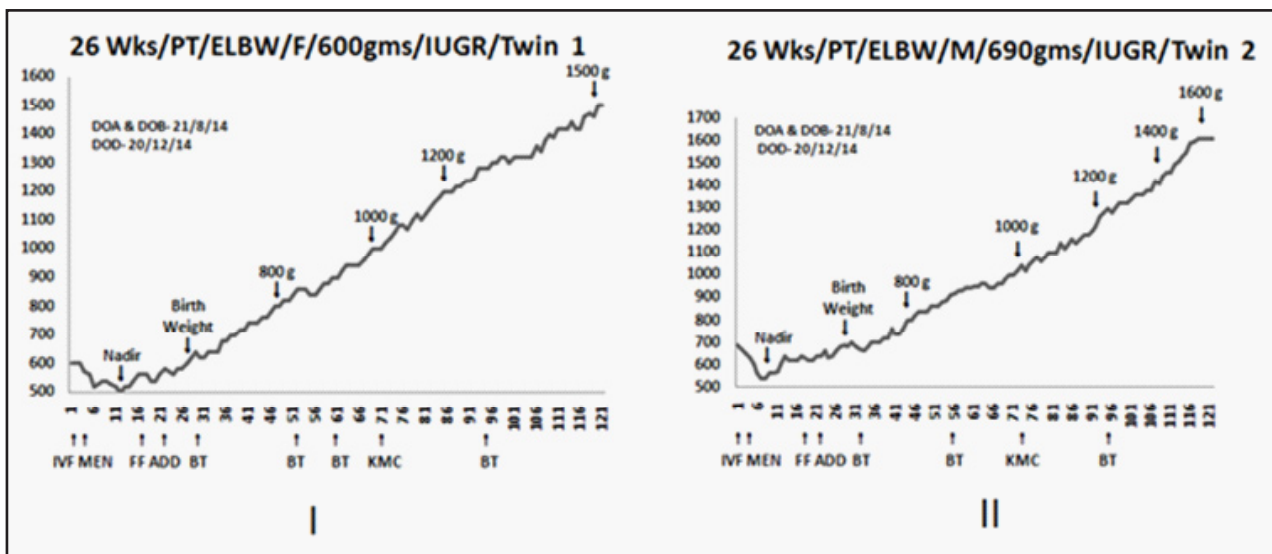
Contributor Statement

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Graph I & II: Shows ex-utero growth trend in twin 1 and 2 respectively.



IVF- intravenous fluids; MEN- Minimal Enteral Nutrition; FF- Full Feeds; ADD- supplements; BT- Blood transfusion; KMC- Kangaroo Mother Care.

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From: Department of Neonatology, Bapuji Child Health Institute and Research Center, JJMMC, Davangere, India.

Address for Correspondence: Bharat Kansal, Department of Pediatrics, Bapuji Child Health Institute & Research Center, JJMMC, Davangere-577004, India.

Email: bharat100989@gmail.com



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