

Conjoined Twins: Abu Dhabi Experience

Amin El-Gohary M*

Department of Pediatric Surgery, Burjeel Hospital, Abu Dhabi, UAE

Case Blog

Operative procedure

Two anesthesia teams and 4 international surgical teams (plastic, neurosurgical, colorectal and pediatric urology) were involved in the separation. The surgical team worked in succession according to the rehearsed plan. Cystourethroscopy showed a normal anterior urethra that diverged into 2 separated posterior urethrae at the level of the prostate. The bladder was mildly trabeculated in Twin A and moderately trabeculated in Twin B. The 3 fused lower sacral segments were separated; allowing a clear view of the Dural tube which was opened to secure the neural structures, then the common Dural sac was divided and repaired. The 5-cm common rectum passing through the levator muscles was split longitudinally into two tubes with preservation of the lateral muscle complex on both sides. This opened the way to the fused urethra and it was then feasible to identify the line of fusion between the corporal bodies. The anterior urethra was not wide enough to allow the creation of two separate urethral tubes, and therefore we opted to create 2 perineal urethrostomies and cover the corporal bodies with redundant penile skin. The sacral and perineal

defects were covered by approximating the perineal muscles towards the midline and covering them with the gluteus Maximus muscle. New anus was placed as near as possible to the supposed anatomical site and the skin was mobilized to cover the defect with minimal tension. Both twins had an uneventful recovery, were independently mobile and were discharged from the hospital after 3 weeks. Eight months later both twins underwent repair of their perineal hypospadias. The urethral plate in both twins was wide enough to allow for a tabularized incised urethral plate reconstruction of a new urethra (TIPS) over size 10 Silastic catheters that were left in the bladders for 8 days. Twin A achieved urinary control with occasional dribbling, while Twin B needed intermittent catheterization with evidence of a neuropathic bladder. As for bowel control, Twin A achieved reasonable control but Twin B had frequent soiling. As the MRI scan showed that the muscle complex is only present on one side of both twins, we opted to wrap the laterally displaced sphincter around the rectum of Twin B as he had poor bowel control. The muscles representing the anal sphincter were wrapped circumferentially around the lower rectum and sutured to themselves anteriorly. Soiling was reduced gradually to 2-3 times with occasional soiling at night and he was able to have a good bowel movement 3-4 times per day with no perineal excoriation.

***Corresponding author:** Amin El-Gohary M, FRCS, Professor of Pediatric surgery, Burjeel hospital, Abu Dhabi, UAE, Tel: 971506225532; E-mail: amingoh@gmail.com

Received February 18, 2015; **Accepted** February 20, 2015; **Published** February 25, 2015

Citation: El-Gohary AM (2015) Conjoined Twins: Abu Dhabi Experience. General Med 3: 110. doi:[10.4172/2327-5146.1000i110](https://doi.org/10.4172/2327-5146.1000i110)

Copyright: © 2015 El-Gohary AM. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.