Conjoined twinning is the rarest form of monozygotic twins. The prognosis of conjoined twins depends on fusion site and the complexity of shared organs. Objective: To describe a rare case of conjoined twins in a spontaneous triplet pregnancy diagnosed by prenatally US

Case report: A 20- years- old woman primigravida was referred to the Gynecology obstetric department at 21 weeks gestation with a conjoined twins in a spontaneous triplet pregnancy. At referral, transvaginal ultrasound revealed a monochorionic-diamniotic triplet pregnancy. One amniotic sac contained a normal fetus. In the other amniotic sac, a set of conjoined twins with separate heads , hearts and stomachs , four arms, four legs and two separate umbilical cords. All foetal sizes were appropriate for gestational age. After extensive counseling the parents opted for the medical interruption of pregnancy. Foetopathologic exam revealed three female fetuses without phenotypic abnormalities. The omphalopagus twins were joined at their abdomen on midline involving the lower thorax with a common liver and conjoined intestines. They had separate chests, kidneys, urinary bladders and female genital tracts.

Discussion: According to fusion site, it may be anterior (thoracopagus or xiphopagus), posterior (pygopagus), cephalic (craniopagus), caudal (ischiopagus) or abdominal (omphalopagus). The overwhelming majority (70-95%) of conjoined twins are female. Theoretical basis for the embryology of conjoined twins was formulated from multiple models: the “fission theory”, the “fusion theory” and the duplication of organizing centers (primitive streaks) during gastrulation .The suggested time for ultrasound prenatal diagnosis of omphalopagus is between the 11th and 12th weeks. Separation of twins is usually successful. Improvement in the prognosis is related to advances in diagnostic techniques, especially computed tomography and magnetic resonance imaging and the development of surgical techniques and foetal postoperative intensive care.