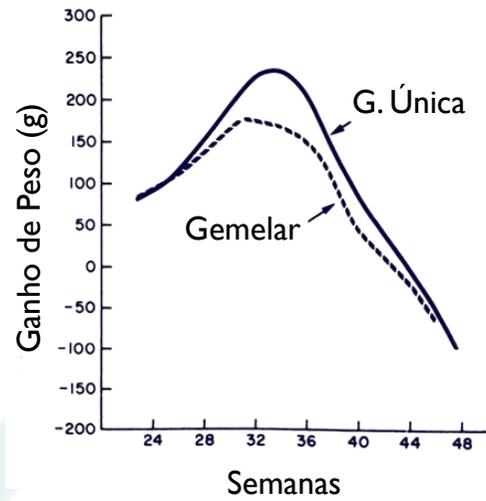


GEMELARIDADE E RISCO

Dr. Rafael Frederico Bruns
Departamento de Tocoginecologia UFPR

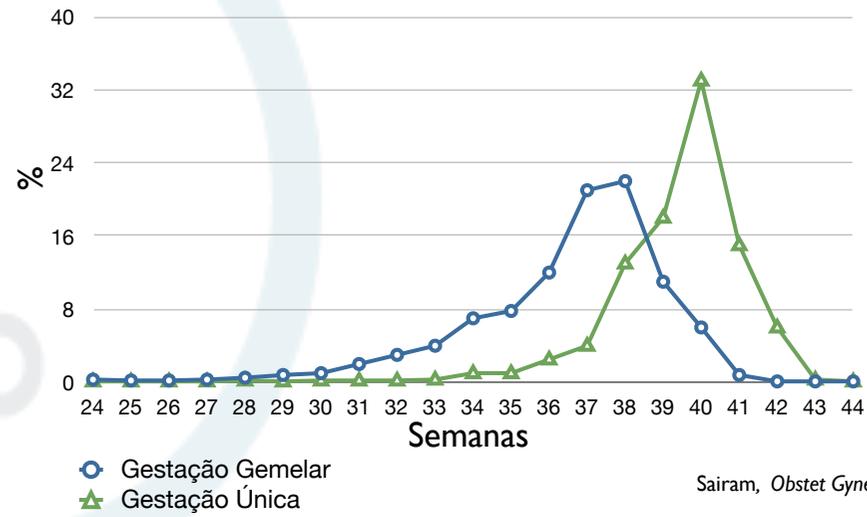


Ganho de Peso (g)

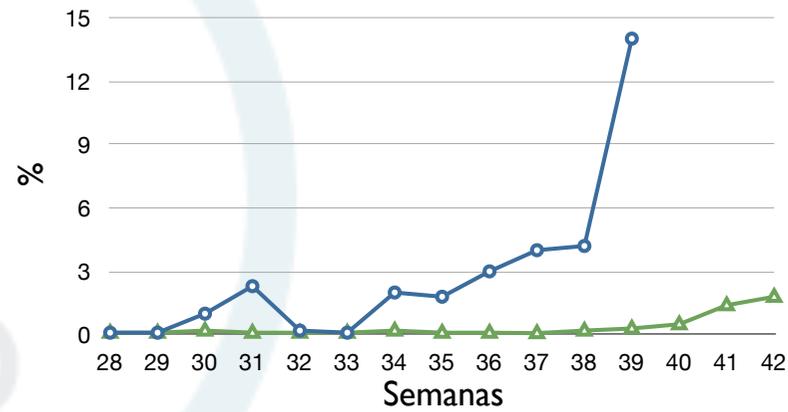


Resnik, *Obstet Gynecol* 2002

Frequência de Partos



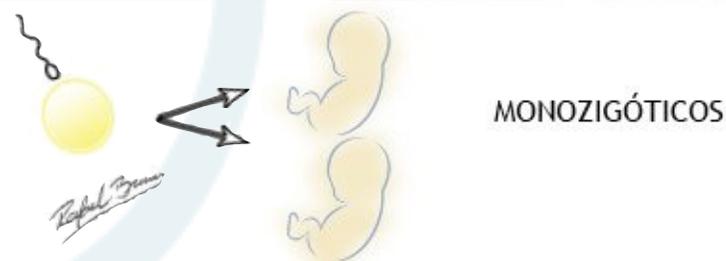
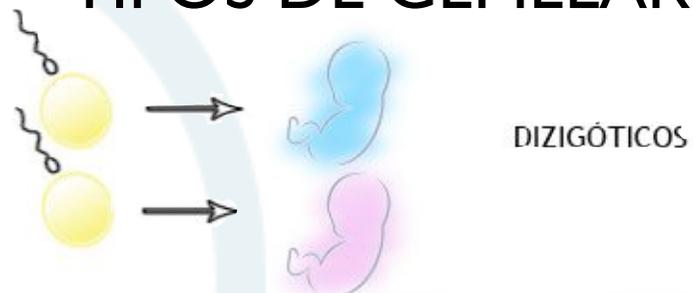
Óbitos Fetais por IG



○ Gestação Gemelar
△ Gestação Única

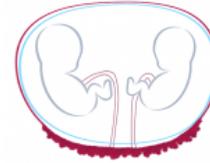
Sairam, *Obstet Gynecol* 2002

TIPOS DE GEMELARES

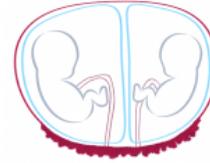


TIPOS DE GEMELARES

1% das Monozigóticas



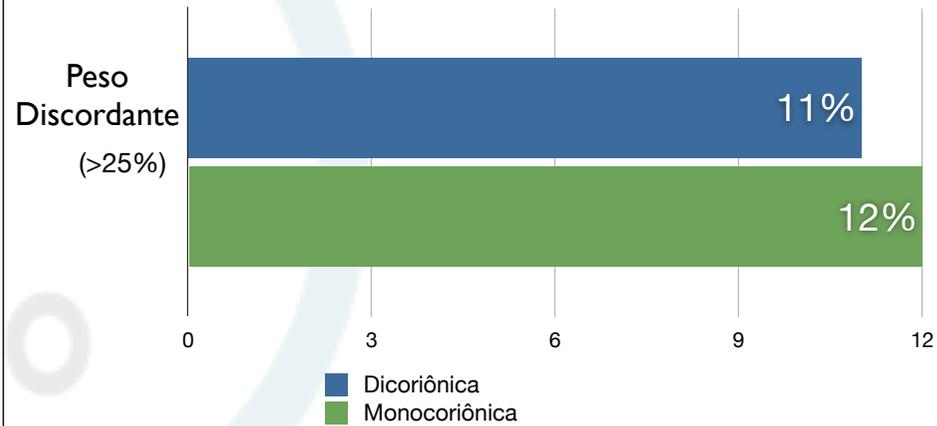
70% das Monozigóticas



30% das Monozigóticas
(100% das Dizigóticas)

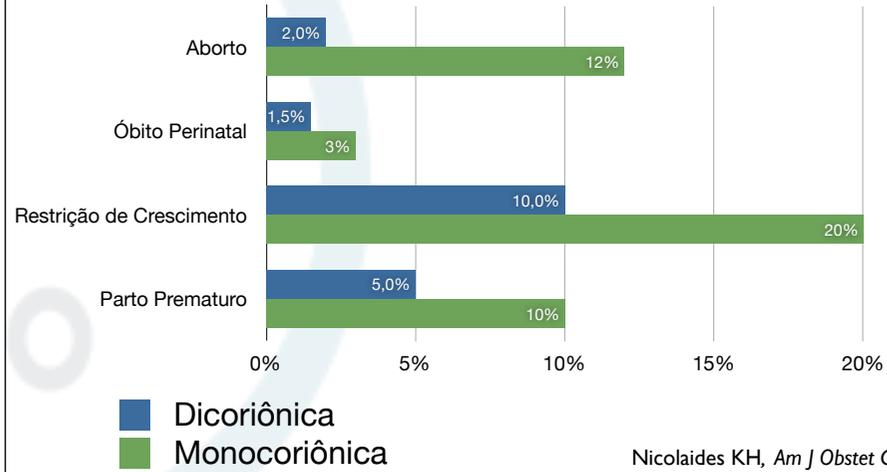


FREQUÊNCIA DE COMPLICAÇÕES EM GEMELARES



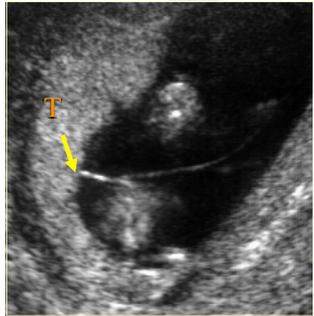
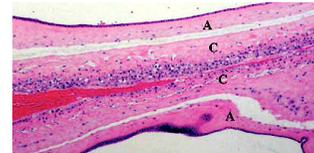
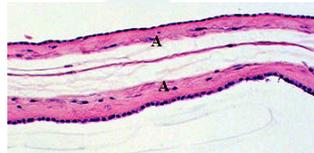
Sebire N, *Br J Obstet Gynecol* 1997

FREQUÊNCIA DE COMPLICAÇÕES EM GEMELARES



Nicolaides KH, *Am J Obstet Gynecol* 2004

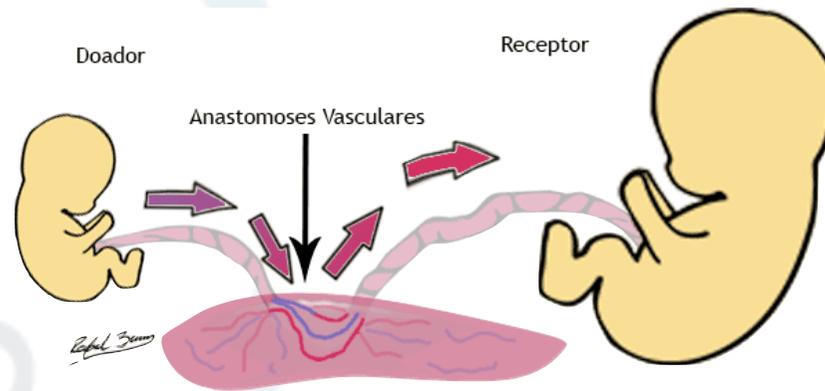
Diagnóstico Corionicidade



Monocoriônica 20%

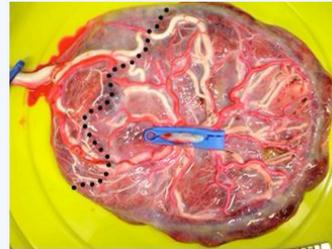
Dicoriônica 80%

AONDE ESTÁ O PROBLEMA?

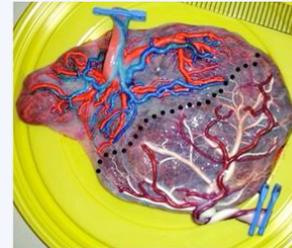


EXISTE DIFERENÇA NA ARQUITETURA
PLACENTÁRIA PARA RCIU PRECOCE vs TARDIA?

RCIU Precoce



RCIU Tardia

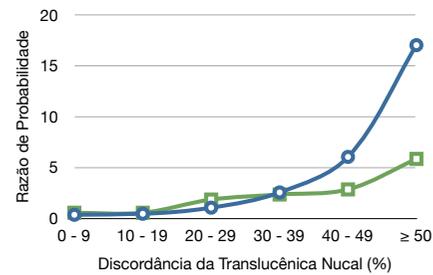


DISCORDÂNCIA NO CCN E/OU TN

CCN DISCORDANTE



TN DISCORDANTE

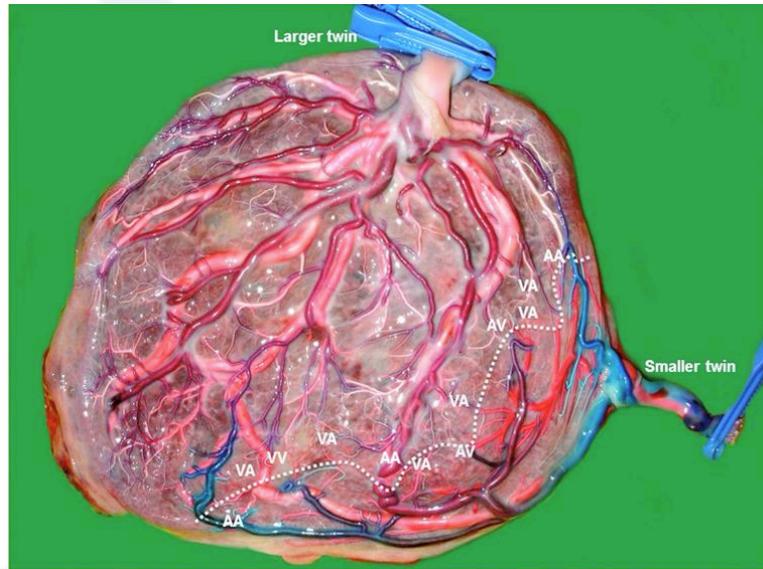


○ Óbito Fetal

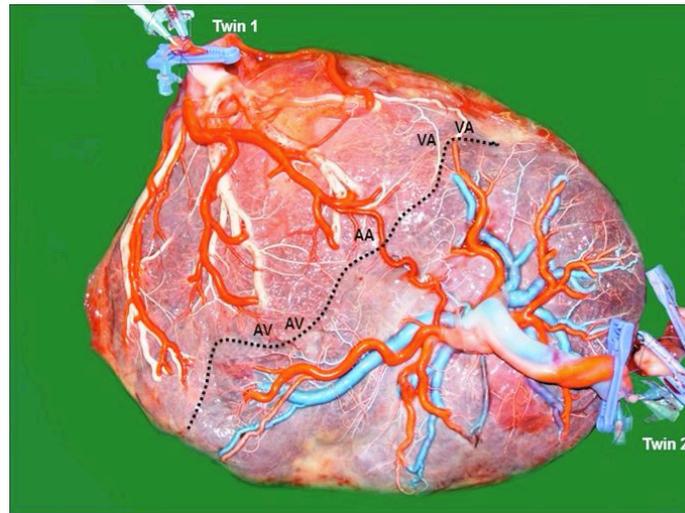
□ Transfusão Feto-Feto

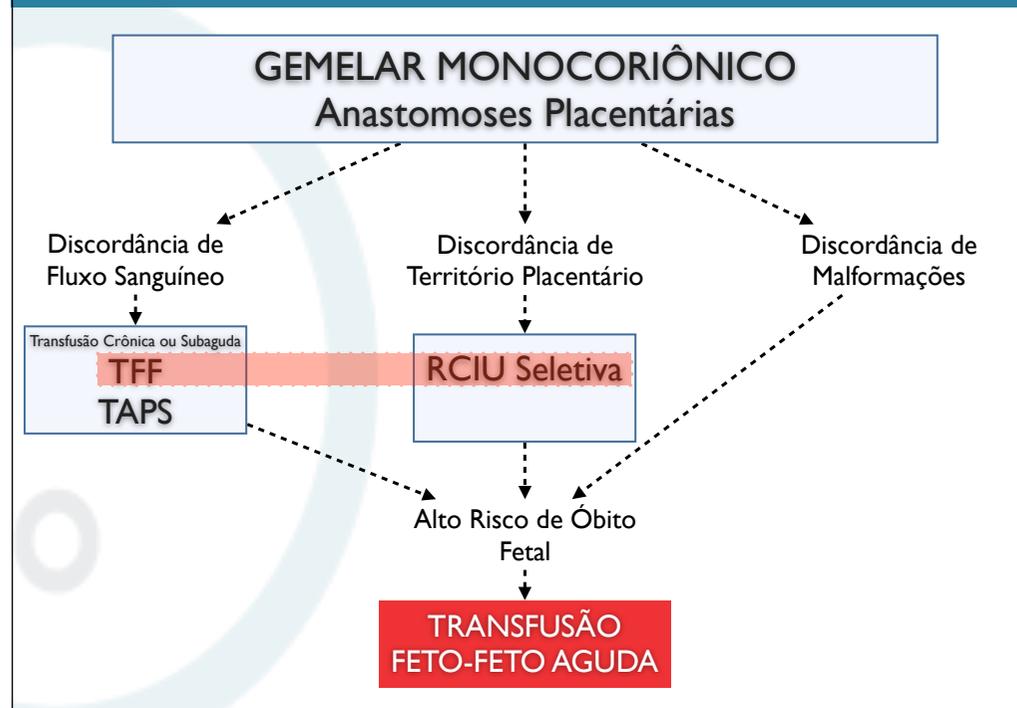
Kagan KO et al., *Ultrasound Obstet Gynecol* 2007

Anastomoses Vasculares

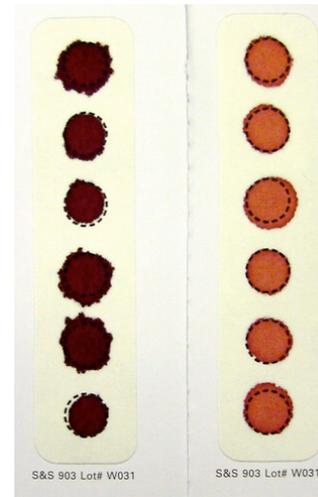


Anastomoses Vasculares





TAPS - Twin Anemia Polycythemia Sequence



The outcome of monochorionic diamniotic twin gestations in the era of invasive fetal therapy:
prospective cohort study

RISCO DE TRANSFUSÃO FETO-FETO: 9%

MORTALIDADE 55%

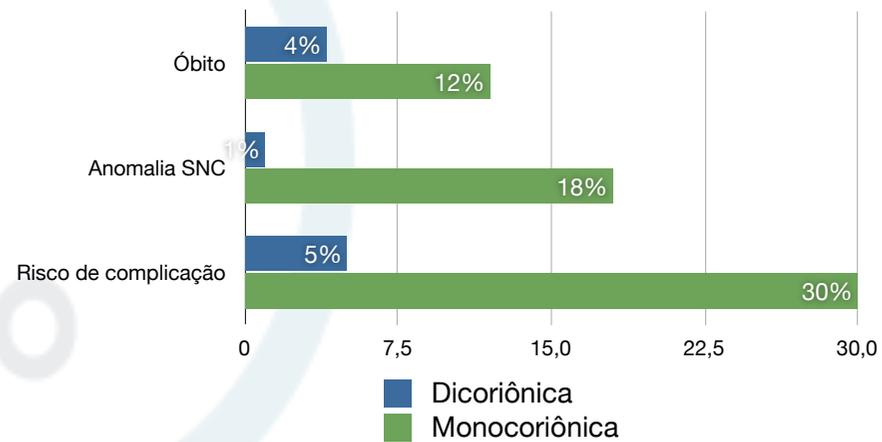
RISCO DE RCIU: 14%

MORTALIDADE 9%

ÓBITO ACIMA DE 32 SEMANAS: 1,2%

Lewi L, *Am J Obstet Gynecol* 2008

Prognóstico para o Gemelar Sobrevivente



Ong SSC, Br J Obstet Gynecol 2006

GÊMEOS MONOCORIÔNICOS: Discordância de Peso ou LA

Eduard Gratacós, ISUOG Congres 2011

Bolsão: > 8/10 cm / < 2 cm
Bexiga: grande / pequena

SIM

TFF

NÃO

Peso Estimado < P10

SIM

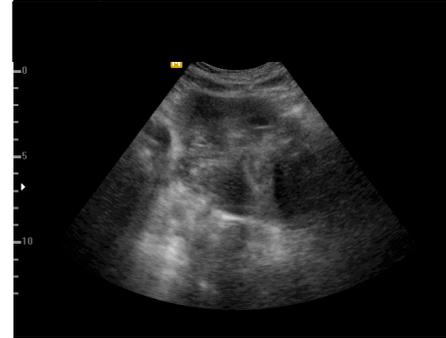
RCIUs

NÃO

Peso Discordante
LA Discordante

CONTROLE SEMANAL

TRANSFUSÃO FETO-FETO



Monitoramento Gêmeos Monocoriônicos

		BIOMETRIA + DOPPLER	CRESCIMENTO + LÍQUIDO AM.
12s	DIAGNÓSTICO CORIONICIDADE Avaliação de Riscos (TN, CCN, Líquido Amniótico)	12	14 16 18
14 a 28s	COMPLICAÇÕES GRAVES TFF - RCIU Seletiva Precoce - Malformação <i>Controle seriado para diagnóstico e <u>cirurgia</u> precoce</i>	20	22 24 26
30s+	COMPLICAÇÕES TARDIAS TFF - RCIU Seletiva - TAPS - OFIU <i>Controle seriado para diagnóstico e <u>parto</u> precoce</i>	28 32	30 34 36

Eduard Gratacós, ISUOG Congres 2011

PARTO 36-37S