Medical Memorandum

A Case of Foetus Papyraceus

Foetus papyraceus is a rare but interesting condition in which there is intrauterine death of one foetus of a twin pregnancy which is retained *in utero* and compressed within the membranes and the uterine wall.

The condition was recognized by Pliny (A.D. 23), who made mention of it in early writings. Smellie (1752) wrote: "At times, the child that lies next to the fundus is the smallest and follows after the birth of the other in a dead and petrified state." Kindred (1944) obtained references to 150 cases from a search of the literature.

Few cases are on record in which an ante-partum diagnosis has been established and in which operative intervention was necessary. The following case is of unusual interest in that the living twin was of a size to give rise to cephalo-pelvic disproportion and because an approximate time could be fixed for the intrauterine death of the foetus which underwent the characteristic changes associated with foetus papyraceus.

CASE REPORT

A primigravida aged 35, who had been married for 13 years, was referred to the antenatal clinic on May 6, 1954, by her own doctor, who had diagnosed twin pregnancy at the thirtieth week. (Last menstrual period, October 11, 1953.) Twin pregnancy was diagnosed clinically; the leading foetus presented by the head and the second by the breech. Two distinct foetal hearts were heard by separate observers. X-ray examination confirmed the presentations, and the radiological appearance was consistent with normal living twins of approximately equal size and maturity. The patient was booked for hospital confinement because of her age. She was seen again at the 34th week of pregnancy and the two foetal heads were easily palpated; the presentations remained as before and the foetal hearts were again heard. At the 36th week only the presenting head could be palpated, and this was found to be free and mobile above the pelvic brim. There was a moderate degree of hydramnios, and the contours of the foetal backs were difficult to make out. No other abnormality of pregnancy existed. There was no evidence of pregnancy toxæmia.

On July 6 (at term) the patient was admitted in early labour. The membranes were intact. Examination of the abdomen revealed the contours of a single foetus presenting by the head, which had not engaged in the pelvic inlet. A single foetal heart was heard. Radiological examination showed a single well-formed foetus presenting by the head, and only careful radiological search revealed another small compressed foetal skeleton in the right upper quadrant of the uterus.

Labour was prolonged, and the foetal head, in spite of moulding and adjustment of the pelvis, remained free above the pelvic inlet, although uterine pains were regular and dilatation was advancing. A lower segment caesarean section was performed for cephalo-pelvic disproportion, which was confirmed by lateral radiography in labour. Both bags of membranes presented simultaneously in the uterine incision (Fig. 1). The larger contained clear normal liquor and the smaller murky thick liquor.

A normal, living, well-nourished male infant weighing 7 lb. 2 oz. (3.2 kg.) was obtained. A male foetus papyraceus was found in the uterus (Fig. 2). This foetus was 12 in. (30 cm.) long and weighed 14½ oz. (410 g.). It was flattened and yellowish brown in colour, and surprisingly well preserved. The membranes were adherent to the foetus in some areas. The whole gave the typical appearance of the "Little ginger-bread man" (*Un petit bonhomme de pain*

d'épice) of French literature. A uniovular placenta was present. There was marked infarction of about one-third of the placental surface, corresponding to the area supplying the foetus papyraceus, the rest of the placental tissue being normal. There was a velamentous insertion of the cord.

The patient made a normal post-operative recovery and the living infant thrived on the breast. Both were discharged from hospital on the 14th day after operation.

FIG. 1.—Both bags of membranes presenting in uterine incision. A=Living twin—clear liquor. B=Foetus papyraceus—thick liquor.

FIG. 2.—Foetus papyraceus.

COMMENT

The stage of pregnancy at which the death of one foetus occurs may well be a factor in the formation of foetus papyraceus. In the present case intrauterine death must have occurred between the 34th and 36th weeks of pregnancy. Kindred (1944) suggested that the death of the foetus is followed by absorption of the liquor and that the foetus is preserved in a desiccated and embalmed state. Compression of the dead foetus by the pressure of the membranes of the growing foetus is likely to be a factor in causing dehydration with arrest of maceration and the formation of a foetus papyraceus. Velamentous insertion of the cord has been mentioned as a possible cause of death; this complication was noted in 40% of reported cases and was present in the above case.

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