

Coo la

Conjoined halves are two babies who are born physically connected to each other. Conjoined halves develop when an early embryo only incompletely separates to form two individualities. Although two fetuses will develop from this embryo, they will remain physically connected most frequently at the casket, tummy or pelvis. Conjoined halves may also partake one or further internal organs.

ough numerous conjoined halves aren't alive when born (stillborn) or die shortly a er birth, advances in surgery and technology have bettered survival rates. Some surviving conjoined halves can be surgically separated. e success of surgery depends on where the halves are joined and how numerous and which organs are participated, as well as the experience and skill of the surgical platoon [1].

De c i i

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ere are no speci c signs or symptoms that indicate a conjoined binary gestation. As with other binary gravidity, the uterus may grow faster than with a single fetus, and there may be more fatigue, nausea and puking beforehand in the gestation. Conjoined halves can be diagnosed beforehand in the gestation using standard ultrasound [2].

Ha e a e j ¶ ed a

Conjoined halves are generally classi ed according to where they are joined, generally at matching spots, and occasionally at further than one point. ey occasionally part take organs or other corridor of their bodies. e speci c deconstruction of each brace of conjoined halves is unique [3].

Conjoined halves may be joined at any of these spots

Ca ke: oracopagus (thor-uh-KOP-uh-gus) halves are joined face to face at the casket. ey frequently have a participated heart and may also partake one liver and upper intestine. is is one of the most common spots of conjoined halves.

B: Parapagus (dad-RAP-uh-gus) halves are joined side to side at the pelvis and part or all of the tummy and casket, but with separate heads.

e halves can have two three productions and two or three legs.

Head: Craniopagus (kray-nee-OP-uh-gus) halves are joined at the reverse, top or side of the head, but not the face. Craniopagus halves partake a portion of the cranium. But their smarts are generally separate, though they may partake some brain towel.

Head & d ca ke: Cephalopagus (sef-uh-LOP-uh-gus) halves are joined at the face and upper body. e faces are on contrary sides of a single participated head, and they partake a brain. ese halves infrequently survive.

In rare cases, halves may be conjoined with one binary lower and lower completely formed than the other (asymmetric conjoined halves). In extremely rare cases, one twin may be plant incompletely developed within the other twin (fetus in fetu) [5].

Acl edge d

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e authors declare that they are no con ict of interest.

References

- Summers A (2014) "Congenital and acquired umbilical hernias: examination and treatment". Emerg Nurs 21: 26-28.
- Nguyen MT, Berger RL, Hicks SC, Davila JA, Li LT, et al. (2014) "Comparison
 of outcomes of synthetic mesh vs suture repair of elective primary ventral
 herniorrhaphy: a systematic review and meta-analysis". JAMA Surg 149: 415-421.
- Dalenbäck J, Andersson C, Ribokas D, Rimback G (2013) "Long-term follow-up after elective adult umbilical hernia repair: low recurrence rates also after nonmesh repairs". Hernia 17: 493-497.
- Winsnes A, Haapamaki MM, Gunnarsson U, Strigard K (2016) "Surgical outcome of mesh and suture repair in primary umbilical hernia: postoperative complications and recurrence". Hernia 20: 509-516.
- Christofersen MW, Helgstrand F, Rosenberg J, Kehlet H, Strandfelt P, et al. (2015) "Long-term recurrence and chronic pain after repair for small umbilical or epigastric hernias: a regional cohort study". Am J Surg 209: 725-732.

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