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THE DANZIG QUINTUPLETS

Note. As explained in the preface, the English name, Danzig, of the Polish town of **Gdansk** has been used throughout the text for the sake of consistency and better understanding.

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THE DANZIG QUINTUPLETS: COURSE OF GESTATION *

S. METLER, J. RUDZINSKI
Department of Obstetrics and Gynecology, Academy of Medicine, Danzig, Poland

After listing the known cases of alive quintuplets, the authors describe the recent case of the Danzig quintuplets, with special respect to the medical care given during pregnancy, labor and puerperium. Early diagnosis and hospitalization in cases of multiple pregnancies appear to be necessary, to overcome the tendency towards premature delivery and to secure relatively higher degree of maturity.

ALIVE QUINTUPLETS

According to the world literature the first quintuplets to have all lived to attain adult age have been the Canadian quintuplets, the Dionne sisters, born in Ontario, Canada, in 1934. The second case of quintuplets having all outlived infancy are the Argentinian quintuplets, the Diligentes babies, born in Buenos Aires in 1943. The third set alive are children born to the Fischer family (in Abberdan, South Dakota, United States) in 1964. The fourth set of quintuplets alive are the children of Mrs. Tukutese, an African, born in 1966 and described by Keast and Cooper (1967). The fifth group of quintuplets alive are children born in Auckland, New Zealand, also in 1966, described by Liggins and Ibbertson (1966); the name of the parents was not indicated. (In this case it is remarkable that the patient had become pregnant after having been treated with Clomiphen, and that for several weeks during gestation she was hospitalized and the delivery occurred in the 33rd week of pregnancy.) The sixth set of quintuplets alive are children born in the family of an electronics engineer in England, in 1967; they develop well. The seventh set of living quintuplets are the children of Peggy and William Kienast, born at Liberty Corners in New Jersey, United Stated, on 24 February 1970.
The eighth set of quintuplets, alive now for over a year and well developing, are the children born on 15 May 1971, in the family of Leokadia and Bronislaw Rychert, at the Department of Obstetrics and Gynecology of the Academy of Medicine in Danzig, Poland. The existence of other sets of quintuplets alive, but so far not mentioned in literature, cannot be excluded with utter finality.

COURSE OF GESTATION OF THE DANZIG QUINTUPLETS

Mrs. Leokadia Rychert, 32 years old, at the moment of the multiple pregnancy had already two sons, 6 and 7 years old, and in 1968 she had incurred an induced abortion.

* For the use of the English term, Danzig, instead of the original Polish, Gdansk, see Preface and page 159

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She had no hormonal treatment. Her latest menses then had been on 15 September 1970, and lasted four days. Estimated date of confinement was to be 22 June 1971. From the 4th month of pregnancy she had been under care of the " K " Outpatients Clinic (Gynecological Clinic) where ascites was suspected in December 1970. About mid-February 1971 she was sent to the Department of Obstetrics and Gynecology of the Academy of Medicine in Danzig, Section of Pregnancy Pathology.

On examination, the pregnant women was found to be in the following condition: pregnancy IV, moderate edema of lower extremities, a disproportionally large abdominal girth during the pregnancy (a circumference of 101 cm on the 24th week of pregnancy), complaints of pain in the hypogastrium and sacrum, reiterating uterine contractions. The pregnant woman was admitted with a preliminary diagnosis of suspected multiple (multifetal) pregnancy, impending premature birth, early appearing symptoms of late gestosis. The possibility of polyhydramnios was also taken into account because of the tension of the abdominal integuments and pain.

Fetal heart tones were found at admission. During clinical observation fetal heart tones were clearly heard in numerous places.

On account of laboratory and clinical analyses the following diagnosis was made:

1. Impending premature birth;
2. Early appearing symptoms of late gestosis;
3. Multiple, multifetal pregnancy.

No radiograph was made.

The quoted data made further hospitalization of the pregnant women at the Institute necessary. During the observation a headlong increase of the abdominal girth was noted, as at the 27th week of pregnancy it amounted to 110 cm, and to 117 cm on the 30th week. The patient complained of frequent bouts of pain all over the abdomen, dilatation and periodical dispnea; this made her experience troubles when lying prone. No changes were found in the chest on internal examination, the lungs and heart being without noticeable changes. The abdominal integuments were becoming every day tenser and on 7 May 1971, that is, at the beginning of the 33rd week of pregnancy, the abdominal girth amounted to 124 cm causing considerable suffering to the patient. On 12 May 1971, six weeks before the estimated date of confinement, in spite of remaining lied up and of the administration of dilating agents, the uterine contrations started. Before delivery, the patient had been nearly three months on treatment at the Section of Pregnancy Pathology.

On 12 May 1971, in the 33rd week of pregnancy, at 7:15, i.e., after 2.5 hours of a weak labor, the complete opening of the external os of the cervix was diagnosed by means of per rectum examination and the small head of the first fetus was found. At this time labor further weakened.

Because of the lack of progress of the delivery, at 8:35 the parturient was examined per vagina and the same condition as above was found. In connection with the adynamy of the uterine muscle, 4 units of oxytocin in 500 ml of glucose were administered in intravenous infusion. Initially, 8 drops of the oxytocin solution were administered per min, and then the dose was increased to 12, 14, and 16 drops of oxytocin solution per min.

At 10:50, after incising the perineum, a live normal son, of a body weight of 1780 g, in good condition, was born in cephalic longitudinal presentation.
The 2nd amnion was perforated, and small amount of amniotic fluid flew out. The pulse rate of the fetuses amounted to 120-140 per min. At 11:10, 20 min after the birth of the first fetus, with very weak labor, the second live normal son, weighing 1280 g and in satisfactory condition, was born in cephalic longitudinal presentation.
The third amnion was then perforated (small amount of light-colored amniotic fluid) and a footling presentation was found. By auscultation a slowing down of the fetuses' pulse rate was found within the limits of 60 to 100 beats per min. As complete adynamy of the uterine muscle set in, and there were disturbances in the fetuses' pulse rate, the manual delivery of the third fetus was undertaken according to the classical method. At 11:15 (5 min after the second fetus) the third live normal son, weighing 2000 g, was born and he was entrusted to the care of the pediatrician.
Uterine contractions were still not being obtained, the pulse rate of the fetus amounted to approximately 40-60 beats per min. The fourth amnion was perforated (small quantity of amniotic fluid) and, by means of pressing with the external hand the fundus uteri, the fourth fetus, a live normal daughter, weighing 1810 g, was born in a satisfactory condition in a cephalic longitudinal presentation, at 11:17 (approx. 2 min after the third fetus).
It was difficult to ascertain by external examination if there was a fifth fetus and to hear its pulse. The parturient began to bleed: a partly separated and delivering placenta was found by examination per vaginam, and the manual exploration of the uterine cavity enabled to find the presence of a fifth fetus stopping the separated placenta. In connection with the above, the placenta was partially replaced in the uterine cavity, so as to enable to reach the fetus with the internally placed hand. After rupturing the fifth amnion, it became possible to get to the head of the fetus, which was in transverse presentation. In connection with the difficulty to touch it (as the back was down) the fetus was grasped by its head. The actions of both hands were coordinated, the external one helping at turning the fetus on its head, and then pressing the fundus uteri, while the internal hand held the head and imparted to it the proper direction in the birth canal.
At 11:19 (2 min after the fourth fetus) a fifth live normal daughter, weighing 1460 g, was born in a very serious condition; she was pale and bloodless.
Subsequently, the separated and damaged placenta, weighing 1520 g, was extracted manually. The uterine cavity was controlled manually and by means of instruments. The cervix uteri and the wall of the vagina were checked; they proved to be intact. One vial of methergine was administered intramuscularly and 4 more units of oxytocin were administered in an intravenous infusion. A coldwater bottle was placed on the abdomen. The perineum was sown up. The parturient had lost approximately 500 ml of blood. The uterine muscle contracted, the parturient did not bleed. The puerperium passed fever. The involution of the uterus was somewhat slower than in a single pregnancy. As the infants were born immaturely and with a very low birth-weight, the milk secretion was stopped in the parturient.

Prof. S. Metler, Department of Obstetrics and Gynecology, Academy of Medicine, ul. Kliniczna 1a, 80-402 Gdansk, Poland.