A 32 year old female with gravida 3 came to emergency department with lower abdominal pain in 36th week of pregnancy. She had not received regular antenatal care. Her previous pregnancies were uneventful and delivered babies are active and healthy at present. There was no significant family and treatment history. Ultrasonography of abdomen showed live fetus with oligohydramnios and bilateral renal agenesis and fused lower extremities. She underwent vaginal delivery a live malformed male baby. The baby had cleft palate, malformed ears, imperforate anus, fused lower limbs with genu recurvatum and syndactyly, rudimentary phallus with no urethral opening (figure 1). Prognosis was explained to the parents. The baby collapsed on day 2 of life.

Sirenomelia or Mermaid baby syndrome is an extreme example of the caudal regression syndrome. Embryologically persistence of vitelline artery led to caudal blastemal defect resulting in sirenomelia. In this syndrome the lower limbs are fused and bears resemblance to mermaid's tail of Greek mythology. It is classified into symph apus with no feet, symph unipus if one foot is seen, and symph dipus if two feet are present, as in our case. Severe malformations of the gastrointestinal, genitourinary, cardiovascular and musculoskeletal systems are usually present. Oligohydromnios secondary to severe renal dysplasia is universal. Maternal diabetes is implicated to associated with upto 22 % fetuses of caudal regression. Other important risk factors are tobacco use, retinoic acid and heavy metal exposure to the mother. It carries a very poor prognosis. Antenatal ultrasonography can help...
in early detection of this syndrome and termination of pregnancy can be planned thereafter. Initial treatment of these newborns includes supportive care and diverting colostomy. However, a multidisciplinary surgical approach involving various specialties is required to increase the survival 6.

References: