Objective
Trisomy 3q is a rarely reported chromosomal disorder. The majority of cases involve duplication of the segment 3q21-qter. Generally, these duplications are the result of unbalanced segregations of balanced parental translocation involving chromosome 3. Due to other translocated chromosomes, clinical findings may differ but trisomy 3q has a distinct phenotype including heart defects, polycystic kidneys, facial anomalies and brain malformations. In this report we present a fetus with omphalocele and multiple anomalies due to maternal balanced translocation.

Methods
A 32 year-old woman at 18 week gestation was referred for prenatal diagnosis because of fetal omphalocele and atrioventricular septal defect. Amniocentesis were performed for fetal karyotyping. 20 cell were analyzed with GTG banding at 550 band levels.

Results
Fetal karyotype was reported as 46, XX, der(18). Parental karyotype were planned for detection of familial transmission. Mother had 46, XX, t(3;18)(q21;p11.2) karyotype and and father had normal karyotype. The final fetus karyotype were reported 46, XX, der(18)t(3:18)(q21;p11)mat. The couple decided to terminate the pregnancy at 21 weeks gestation.

Conclusion
Reciprocal translocations are the most frequent parental chromosome anomaly. Due to meiotic mal-segregation, unbalanced gametes may form and can result with pregnancy loss or fetal anomaly. In our case, during gametogenesis, maternal translocation led to adjacent 1 segregation and this resulted trisomy 3q and monosomy 18p. The clinical findings in our case are predominantly the result of trisomy 3q because of the large of trisomic segment. The Family were informed about recurrence risk and preimplantation genetic diagnosis was recommended for subsequent pregnancy.