Objective
To describe a case of prenatal diagnosis of occipital meningocele associated with Dandy-Walker malformation.

Methods
This is a descriptive study, based on a case report with literature review.

Results
The patient was a 26-year-old woman in her first pregnancy. She was referred to the service due to fetal ultrasound with description of cyst in the posterior cervical region. On the first morphological examination, at 30 weeks of gestation, it was verified the presence of a skull defect with occipital meningocele measuring 5.1 cm x 4.3 cm x 3 cm and apparent cyst of posterior fossa measuring 1.9 cm x 1.2 cm. There was no dilation of the posterior horns of the lateral ventricles. Fetal karyotype performed through amniocentesis revealed a normal female karyotype (46, XX). Fetal magnetic resonance imaging (MRI) performed soon after showed an abnormality of the cerebellar vermis, with wide communication between the fourth ventricle and subarachnoid space, compatible with Dandy-Walker malformation. Furthermore, the occipital meningocele measuring 5 cm x 4 cm and moderate supratentorial hydrocephalus were observed. Sonographic evaluation at 37 weeks of pregnancy was consistent with the findings of the fetal MRI. The child was born by cesarean section at 38 weeks of gestation, measuring 46 cm, with a head circumference of 35 cm and Apgar scores of 9 in the first and fifth minutes. The surgery of occipital meningocele correction was carried out at 6 days of life. At 2 months of age, a ventriculoperitoneal shunt was placed.

Conclusion
Meningocele, or in this case, cephalocele is defined as a herniation of the meninges through a defect in the skull bone. In most cases, the lesion arises from the midline of the occiput, and less often in the parietal and frontal bones. Despite the small number of reports in the literature, it is known that occipital meningocele may be associated with Dandy-Walker malformation, as observed in our case. In addition, MRI was essential for the proper recognition of these abnormalities. Thus, these aspects should always be considered in the evaluation of fetuses with occipital meningocele.