**Objective**

To report the efficacy of routine identification of the intracranial translucency (IT) in the first-trimester screening for Dandy-Walker complex in a mixed low- and high-risk population.

**Methods**

During a 3-year period from 2012 and 2015, consecutive women undergoing first-trimester screening for aneuploidy were routine examined for the presence of the IT in the sagittal plane of the fetal head by one FMF-accredited MFM specialist. The anterior-posterior diameter was measured and normative data were generated. Fetuses with increased IT were further studied with serial scans and fetal MRI, if required. Prenatal karyotyping by CVS or amniocentesis was also offered.

**Results**

From a population of 1300 fetuses, an enlarged IT (over the 99 percentile) was identified in 5 first-trimester fetuses. Three fetuses had increased nuchal translucency (NT), one had a cystic hygroma and one had a normal NT. Two fetuses had a normal karyotype, one had trisomy 18, and one had Turner syndrome. In the remaining case the result is pending at the time of writing. The diagnosis of Dandy-Walker malformation was confirmed in the second trimester in two cases, the fetus with Turner syndrome had a Dandy-Walker variant, and one fetes was normal. The other pregnancy is ongoing. There were no false-negative cases in the study period.

**Conclusion**

Identification and measurement of the IT seems to be an effective technique for the early diagnosis of Dandy-Walker complex. Incorporation of the routine visualisation of this anatomical landmark is not only useful for the screening of open spina bifida but also for another conditions affecting the posterior fossa, such as Dandy-Walker complex.