Objective
An omphalocele is a midline abdominal wall defect of variable size, covered by a membrane of amnion and peritoneum with Wharton’s jelly between the two layers, and containing abdominal contents. Isolated omphalocele occurs in approximately 1 in 5000 live births. Most omphalocoles occur sporadically. They are associated with a high frequency of concomitant chromosomal abnormality when the liver is intracorporeal and the omphalocele sac contains only small bowel. Karyotypic abnormalities include trisomies 13, 15, 16, and 18, and Beckwith-Wiedemann syndrome. Diagnosis of omphalocele is usually made during the 2nd trimester through USG.

Methods
20 years old gravida 1 woman who was 12 weeks and 2 days pregnant according to her last menstruation, attended our clinic for routine pregnancy examination. There was no significant past medical history e. g no exposure to any teratogens, no consanguineous marriage, and no congenital anomalies in both families. On Ultrasound, a 1cm diameter spherical, echogenic mass, expanding outward was detected at the abdominal region of the fetus, whose CRL was concurrent with 11 weeks and 6 days.

Results
The family was counselled about the omphalocele and did not demand any further tests. The pregnancy was terminated upon the family’s request.

Conclusion
Diagnosing anomalies such as omphalocele at an earlier gestation could aid the parents in making informed choices, accurate diagnosis in the first trimester could also reduce maternal and fetal and/or neonatal adverse outcomes.