Objective
CDH is a developmental defect resulting in a partial or complete absence of the diaphragm associated with lung hypoplasia. It can be “isolated” or “complex”. CDH 20 % associated with chromosomal abnormalities, 10% with known genetic syndromes (Fryn’s syndrome, CHARGE syndrome, Pierre-Robin syndrome). The prevalence of CDH ranges between one in 2000 live births. 95% of cases are due to posterior lateral defect (Bochdalek), out of this 86% left sided and 13% right sided, which seems to have poorer outcome (50% mortality). Re occurrence is less than 1 %.

Methods
Female 28 years old; First pregnancy, 39 weeks; No previous medical and family history. First trimester screening test: low risk for trisomies; 20-22 weeks scan: with no obvious abnormalities; Growth scan: declined.

Results
The female neonate was born at term (39 weeks) by spontaneous vaginal delivery and had a birth weight of 3390 gr. The baby appeared cyanotic with respiratory distress and scaphoid abdomen. The Chest Xray indicated right sided CDH with herniation of the intestine and the liver. Cardiac US confirmed Pulmonary hypertension. Immediate transfer to NICU under mechanical ventilation. N0, Sildenaphil were used to treat Pulmonary hypertension and Surfactant to facilitate recruitment of collapsed airways. The new born died in 48 hours.

Conclusion
Right-sided CDH is more difficult to diagnose prenatally because a) the liver blocks the defect, preventing the penetration of the other organs of the abdominal cavity and b) lung and liver echogenicity would be interpreted as equal. Main sonographic markers are the identification of hepatic vessels and the location of gallbladder with Doppler. The best predictor to define the severity of CDH is the relative size of the contralateral lung to the side of the hernia estimated as the observed to expected lung area to head circumference ratio (LHR) in combination with the presence of intrathoracic liver herniation. The evaluation of the CDH requires experienced Doctors and therefore, cases of suspected CDH should be referred to a fetal medicine center with experience in the prenatal and postnatal management. Additional scans should be done routinely during the third trimester to evaluate the late deviation of the heart and the amniotic fluid since hydramnios can be appeared secondary to the deviation of the trachea that produce swallow problems.