Objective
Unilateral hydrocephalus is an uncommon entity that consists in dilatation of only one of the lateral cerebral ventricles more than 15 mm due to an abnormal flow of cerebrospinal fluid. We report a case of late diagnosis of unilateral hydrocephalus.

Methods
A 40-year-old woman, 32 weeks pregnant, consulted to the emergency department feeling rhythmic contractions. She had none pregnancy control. Her medical history included two normal vaginal deliveries without complications. The emergency ultrasound scan showed a single fetus in the breech position, biometry concordant with 35 weeks fetus, and an estimated fetal weight of 2530 g. There was a marked increase in head circumference and biparietal diameter due to a cystic image of 42 mm representing two thirds of the left brain hemisphere without displacement of the midline and a slight contralateral cerebellar displacement. It was initially targeted as a porencephalic cyst vs schizencephaly vs unilateral hydrocephalus. Emergency cesarean section was performed and an alive baby male was born, with a weight of 2320 g, APGAR 9/10/10 and normal values of pH vessels. At birth the newborn had an asymmetrical head with enlarged half left skull, wide fontanelles and coronal, sagittal and lambdoid sutures diastasis. Few days later, it was performed a transfontanelar ultrasound scan and a brain magnetic resonance that showed a severe unilateral hydrocephalus. In the left brain hemisphere, there was a large ventricular dilatation with marked thinning of the cortex and respected morphology of the frontal lobes. A neuroendoscopy was then performed to open the Monro foramen and a surgical ventriculostomy to prefontine cistern, waiting for neurologic outcomes.

Results
Unilateral fetal hydrocephalus is a rare pathology, there are only few series of cases reported. The main cause of this abnormality is an obstruction of the foramen of Monro. The lateral brain ventricles are communicated through the foramen of Monro brain to the third ventricle. This communication can be obstructed by multiple causes such as congenital atresia, an inflammatory or infectious process, bleeding or a tumor of multiple etiologies. Diagnosis of hydrocephalus is performed by neurosonography. One of the lateral ventricles with normal size (<10 mm) must be identified and a dilated contralateral ventricle, taking the measure through the atria of the lateral ventricular. It is also associated with a thinning of the ipsilateral cerebral cortex and with the deviation of the midline. Magnetic resonance imaging may be useful to complete the brain anatomical study.

Conclusion
Unilateral hydrocephalus is considered a different disease from the bilateral hydrocephalus, there are a less association with other abnormalities and perinatal death. The neurological outcomes are uncertain, it depends on the degree of dilatation and cortex atrophy.