Objective
With the widespread use of ultrasonography in prenatal care, anomalies involving the umbilical cord are being diagnosed in utero more often. Cystic masses are most common abnormalities of umbilical cord detected by ultrasonography. These might be true cysts or pseudo cysts. True cysts are lined by epithelium and originate from embryonic remnants, such as the allantois or omphalomesenteric duct, whereas pseudo cysts are due to local degeneration or focal edema of Wharton's jelly and lack an epithelial lining. Umbilical cord pseudo cysts are by far more common than true cysts. We aimed to report a case of multiple umbilical cord cysts detected in the first trimester of pregnancy in our hospital.

Methods
A 27 years old, G2P1, woman was referred our clinic at 13 weeks of gestation due to multiple cord cysts detected in ultrasonography. She had no significant medical history. A 16 weeks, ultrasonographic features remained unchanged and there were multiple cysts measured 4x5 cm along the umbilical cord. Amniocentesis was performed and the result was normal. The rest of the pregnancy was uneventful and at 39 weeks, a 3120 g healthy male infant was delivered by vaginal delivery.

Results
The rest of the pregnancy was uneventful and at 39 weeks, a 3120 g healthy male infant was delivered by vaginal delivery.

Conclusion
Studies have documented a prevalence of first-trimester umbilical cord cysts between 0.4% and 3.4%. Most umbilical cord cysts are diagnosed during second and third trimester and they are associated with trisomy and other congenital anomalies, including omphalocele: vertebral defects, imperforate anus, tracheoesophageal fistula, radial and renal dysplasia; and angiomyxoma of the cord. However, information on the clinical significance of cord cyst in early pregnancy is controversial. Some studies described first trimester umbilical cord cysts as transient and with no effect on pregnancy outcome, however recently; these cysts have been associated with fetal structural anomalies and chromosomal defects in up to 26% of the cases. In summary; a search of entire length of the cord for cystic masses and a follow up scan is important to if the cyst persist. Umbilical cord cysts might be associated with chromosomal and structural anomalies and might be the only anomaly indicating chromosomally abnormal fetuses.