Objective
Congenital brain tumors diagnosed during pregnancy are rare, and often have a poor prognosis. The most frequent type is the teratoma. Use of ultrasound and MRI allows the suspicion of brain tumors. They are divided into teratomas, nonteratomatous, neuroepithelial, mesenchymal tumors, and others of different origin. However, the definitive diagnosis is only confirmed after birth by histology. The contribution of MRI is relatively limited, however it may help in determining the remaining brain structures and exact localisation, as well as in differentiating between tumours and haemorrhages.

Methods
A 26 year primigravida, spontaneous pregnancy was referred to Fetal medicine at Tawam hospital at 34 weeks of gestation with moderate ventriculomegaly and absence of CSP. She had no significant medical history and had no congenital problem in the family. She was taking multivitamin tablet only. She had regular antenatal care and before referral she had 5 antenatal scans which were normal. Ventriculomegaly was noted in third trimester. Scan findings suggested bilateral ventriculomegaly 20 and 30 mm with a mass anteriorly close to CSP appearance was suggestive of lipoma. Tumour was 2 cm in diameter and did not appear vascular. Findings included monoventricle with partially developed temporal and occipital horns. Interhemispheric fissure was incompletely formed with rudimentary falx cerebri. Initially diagnosis was made of Porencephaly with Lipoma or Sarcoma. Parents were fully aware of guarded prognosis. Repeated scan suggested tumour was growing and vascularity was increasing. This was confirmed on MRI. Pregnancy progressed well and BPD remained below 97th centile therefore Spontaneous labour awaited but had CS at term for fetal compromise. She had a female baby weighed 3 kgs. After delivery the baby was referred to Philadelphia children hospital where attempt was made to resect the tumour.

Results
The tumour was very aggressive and vascular and difficult to treat or cure. The majority of the tumor is still there because resection was too dangerous for her, in addition she is so young that she is not a candidate for radiation. Oncology discussed treatment options with the family including 1) intensive chemotherapy or 2) palliative care. Baby had a VP-shunt to treat hydrocephalus secondary to the tumour burden. Developed an extensive arterial clot in her left lower extremity but anti-coagulation not possible due to the risk of intracranial haemorrhage.

Conclusion
Congenital brain tumours are rare with the incidence in newborns is 0. 34 per million live births and they represent 0. 5%-1. 5% of all CNS tumours. Many of them often result in IUD, thus making the accurate true incidence difficult. The cause of malignancies in early life are unknown. Fetal and/or maternal exposure to exogenous factors, including drugs, viruses, and ionizing irradiation, may initiate the biological mechanisms responsible for tumor formation.