Objective
To make a literature review on the diagnosis and prognosis of cranial meningoceles.

Methods
To present a case report and review of the scientific literature.

Results
12 weeks Pregnant, with no history of interest, attends the first trimester ultrasound screening for chromosomal abnormalities. It is seen in a fetus ultrasound according to amenorrhea and anatomical evaluation anechoic. Cystic formation dependent occipital region of 17 mm is detected. A bone defect is observed at the level of the occipital bone, diagnosed cranial meningocele. It is reported the couple on the impact neurologically arising from the injury and decide the voluntary interruption of pregnancy.

Conclusion
The meningocele is part of neural tube defects. It is defined as herniation of the meninges through a cranial bone defect. More often also it is accompanied by brain content (encephalocele). The most common site is occipital level and is caused by a failure in the closure of the cranial vault. Prenatal ultrasonographic control detects approximately 80% of cases in the first trimester. It is characterized by a bone defect by which protrudes an anechoic sac. It is essential to observe the cranial defect for the differential diagnosis with scalp cysts or hygroma. It may be associated with other brain defects and facial level, as with genetic and chromosomal syndromes. The prognosis is poor, resulting in almost all cases, significant neurological abnormalities in fetuses that survive. Conclusions The cranial meningocele is an easily detectable by ultrasound defect involving a high morbidity and mortality fetal and neonatal. There must be a detailed search of other associated abnormalities and genetic study of fetal karyotype and anatomical study. The diagnosis in the first trimester can advise the couple to carry out a legal termination of pregnancy early.