Objective
To report a case of a fetus with lumbosacral myelomeningocele associated with congenital kyphosis.

Methods
A case report, with the respective prenatal findings, was described along with a brief literature review on the subject.

Results
A 35-year-old pregnant woman, on her second pregnancy, was referred to a fetal medicine unit due to an abnormal prenatal ultrasound (US), suggestive of spina bifida. A new US performed at our service was notable for the presence of “banana” and “lemon” signs, as well as abnormal closure of the lumbosacral spine associated with considerable kyphosis. In addition, there was a remarkable axial deviation of the lower limbs. Fetal magnetic resonance imaging (MRI) revealed segmental spinal dysgenesis and confirmed the presence of a severe kyphosis (61 degrees). Additional MRI findings included: posterior dysraphism associated with the presence of a cystic collection (suggestive of myelomeningocele), supratentorial hydrocephalus, partial parallelism of lateral ventricles with enlarged occipital horns (possible findings of corpus callosum agenesis), and septum pellucidum agenesis. Moreover, there was some considerable reduction in the posterior fossa dimensions, with forth ventricle narrowing and abnormal cerebellum morphology, which was inferiorly displaced to the vertebral canal. These findings were highly compatible with Arnold-Chiari type II malformation.

Conclusion
Kyphosis is a rare condition in fetuses and few cases have been reported. There are three types of kyphosis, whereas congenital kyphosis, the one observed in this case, is caused by vertebral abnormalities, such as anterior segmentation defect and vertebrae formation defects. To our knowledge, there is no case of congenital kyphosis assessed by MRI in the literature. In the present report, this imaging modality was essential on determining the precise diagnosis.