Objective
To present a case of a fetus with a bladder exstrophy associated with ambiguous genitalia.

Methods
This is a 38 years old pregnant women, 3rd gestation, with 2 previous Cesarean Section, with any remarkable medical history (No teratogen exposure). A first trimester scan was routinely performed. An anechoic image suggestive of megacystis (>7mm) was reported with normal amniotic fluid; the rest of the fetal anatomy appeared normal. (Figures 1 and 2). The ultrasound follow up reveals an absent bladder with normal amniotic fluid after 16n weeks of pregnancy and the most characteristic feature was the presence of an echogenic irregular mass in the lower fetal abdomen (figure 3) with the umbilical cord insertion in the upper side of the lesion, associated with a bilateral mild hydronephrosis (normal cortex). Female genitalia was suspected. An uncomplicated amnioncensis was performed. A normal XX karyotype was reported and genetic counselling was done. Fetal growth was preserved during all pregnancy. Delivery at 36 weeks due to preterm labor with an uncomplicated cesarean section performed due to previous uterine scars was done.

Results
Pediatric newborn evaluation confirmed the bladder exstrophy with pubic diastasis diagnosis and showed an associated small omphalocele, no intestinal malrotation, colon preserved and even a part of the sigmoid colon and a imperforated anus with fistula to the bladder. A didelphus uterus with an ambiguous genitalia was confirmed as well (Figure 4).

Conclusion
Prenatal diagnosis of a fetal bladder exstrophy is feasible suspected with an strict ultrasound evaluation. Echographic signs are well reported in literature and prenatal diagnosis is important in order to obtain good genetic an pediatric counselling, and referral to specialized centers for the best approach to the newborn.