Objective
Congenital diaphragmatic hernia (CDH) is a defect in the diaphragm, which is thought to result from incompleteness of the pleuroperitoneal membrane at 6 to 10 weeks. Abdominal viscera herniate into the chest cavity. Etiology is unknown. It can be associated with cardiac defects, neural tube defects, trisomies, intestinal atresias, hydronephrosis and renal agenesis and certain well-defined syndromes (Fryns', DiGeorge, Cornelia de Lange, Apert, Goldenhar, and Beckwith-Wiedemann). We present a case of a left-sided diaphragmatic hernia diagnosed in the second trimester.

Methods
A 36-years-old patient was admitted to our Department after a routine ultrasound scan which raised the suspicion of diaphragmatic hernia.

Results
Ultrasound examination performed in our Department showed a fetal biometry corresponding to 23 weeks of pregnancy with estimated fetal weight of 460g. On the axial view of the chest, stomach and part of the small intestine in the left part of the thorax was demonstrated. The heart was displaced to the right. There were no other abnormalities and the amniotic fluid volume was normal. The finding of left diaphragmatic hernia was confirmed in tertiary referral centre. The lung area to head circumference was 0.8, which is within the range of bad postnatal prognosis and patient opted for termination, without karyotyping. Fetus autopsy report confirmed the prenatal diagnosis.

Conclusion
Countinuous education improves detection rate of early prenatal diagnosis of CDH. The prognosis and survival depends on the level of lungs' hypoplasia and the presence of associated abnormalities.