Objective
To describe a case were prenatal hydranencephaly was detected.

Methods
This is a case report.

Results
Hydranencephaly is a rare congenital anomaly characterized by loss of cerebral hemispheres and a cranial cavity filled with cerebrospinal fluid. It occurs in 1-2 per 10,000 live births. Death is common within the first year of life. A 20-year-old primigravid at 30 weeks’ gestation presented to our perinatology clinic for investigation of fetal ventriculomegaly. There was no significant medical, genetic or consanguineous marriage history. The second trimester screening for chromosomal abnormalities was positive, but karyotyping was refused. The first and second trimester routine ultrasound (US) scans were also declined. There was no evidence of toxoplasmosis, rubella, or cytomegalovirus infection. The US examination showed a fluid filled cranial cavity with absent cerebral cortex, thalami and basal ganglia. Medial temporal tissue was present. Falx cerebri was incomplete. On the Color Doppler, anterior and middle cerebral arteries were not visualized. There were no other associated extracranial anomalies. We informed her about the poor prognosis of hydranencephaly. Termination was offered and accepted.

Conclusion
Hydranencephaly is an encephaloclastic abnormality, and is usually sporadic. It is seen as a component of Fowler syndrome, an autosomal recessive condition. The etiology is attributed to destruction of normal brain that occurs in the territory of distribution of the carotid arteries due to ischemia. US findings consist of loss of landmarks, diffuse parenchymal destruction with liquefied brain, and anechoic fluid, replacing cerebral hemispheres. Small portions of frontal temporal occipital lobes may be preserved. Differential diagnosis are alobar holoprosencephaly, aqueductal stenosis and open–lip schizencephaly. Fetal MRI can be used to confirm diagnosis. Termination is offered because prognosis is dismal. If pregnancy progresses, monitoring of labor and neonatal resuscitation may be withheld.