OBJECTIVE
Blake’s pouch cyst (BPC) consists in a posterior ballooning of the superior medullary velum into the cisterna magna, arising due to a failure of perforation of magendie foramen. Prevalence is estimated in 1/1000 birth. We describe a case of BPC prenatal diagnosis.

METHODS
A 38-year-old nulliparous pregnant followed in our Ultrasound unit with normal controls and no medical interest history. Ultrasound at 24,2 weeks showed a cystic formation arising from the IV ventricle (5mm), expanding to the posterior fossa (6.5x15x8mm) that seemed to slightly displace the vermis, although the cerebellar hemispheres and vermian dimensions were within normal limits. Based on these sonographic findings, a diagnosis of BPC was suspected.

RESULTS
Neurosonography was performed six days later, and showed a regression of the retrocerebellar collection without any organic repercussion. Non-prominent ventricles, appropriate-sized vermis (12.6mm height) and bilateral cerebellar hemispheres (transverse diameter: 28.6mm) were described. The anteroposterior diameter of cisterna magna was 5.4mm.

A follow-up ultrasound was done at 28.4 weeks. Size and anatomy of ventricles, vermis (17mm) and cerebellum were normal.

CONCLUSION
In conclusion, detailed ultrasound examination, including neurosonography is important in the diagnosis of BPC. An appropriate sized vermis without elevation of tentorium is clue in the diagnosis. It is essential to differentiate BPC from other posterior fossa cysts due to the good prognosis and favourable outcome when not associated to any other anomaly.