Objective
Hepatic calcifications in the fetus are hyperechogenic areas that are detected by ultrasonography imaging. It can be isolated findings or in association with other fetal abnormalities. The incidence has been reported as 1 in 1750 at gestational weeks of 15–26 weeks. Fetal hepatic calcifications can be caused by infections, chromosomal disorders, thrombotic events, ischemic hepatic necrosis, subcapsular hematomas and others events. Its features and clinical significance are still not well known if isolated. We report a case of isolated massive both subcapsular and paranchymal calcification which disappeared in neonatal period.

Methods
Case Report.

Results
A 39 years old patient gravida 7, para 6 admitted to our clinic at 6 weeks of gestational age. Routine antenatal sonographic examination at 20 weeks of gestation revealed hepatic massive subcapsular and paranchymal calcifications. Toxoplasmosis, rubella, cytomegalovirus (CMV), herpes simplex virus, varicella zoster virus (VZV), parvovirus IgM, IgG and VDRL tests were ordered. There was no evidence of acute infection. No additional abnormality was detected in the detailed sonography. Genetic analysis was suggested to the patient and was declined. She was followed-up carefully during pregnancy for both maternal and fetal complications. Calcifications were persisted until birth. At 37 weeks of gestation the patient spontaneously delivered a healthy 2840 g female baby. After birth physical examination and laboratory tests of neonate were normal. Spontaneous resolution of calcifications occurred in neonatal period.

Conclusion
Prenatal diagnosis of fetal hepatic calcifications require careful ultrasonographic, genetic and microbiological evaluation. Isolated fetal hepatic calcifications, even when massive, can be associated with good outcome.