Objective
Reported incidence of congenital cystic adenomatoid malformation (CCAM) ranges from 1: 11,000 to 1: 35,000 live births. CCAM of the lung is a rare bronchopulmonary anomaly, and may be frequently associated with cardiac and renal anomalies. CCAM may rarely be associated with hydrops and chromosome abnormalities. According to embryologic level of origin and the histological features there CCAM is classified with five main types. Possible outcome is resolution of the lesion either antenatal or postnatal. After birth, symptoms are ranging from asymptomatic to severe and progressive respiratory distress.

Methods
This is a case report.

Results
A 28- year-old woman and 31 year-old men were referred to geneticist because of prenatally detected fetal CCAM type 1 in 23rd week of gestation. It was first pregnancy. During pregnancy mother received metformin because of insulin resistance. Delivery was in GA 40; BW 3350g, BL 48 cm, HC 34 cm, AS 9/9. After birth, newborn was monitored but did not have any respiratory difficulties. Diagnosis of CCAM was confirmed with CT scan. No other congenital malformation was found. Laboratory analyses showed lower level of alpha 1 antitripsin: 1.22. .1.04. .0.94 g/L (r. v. 1.24-3.48) caused by alfa-1 antitripsin S mutation in heterozygote state. Patient was followed for respiratory function. Surgical treatment was considered and postponed.

Conclusion
Routine prenatal ultrasonography has increased the frequency of prenatal diagnosis of congenital malformations of the lung including CCAM, which allows proper planning per partum and neonatal management. In most cases, prognosis is good. Nevertheless, because CCAM could contain tissue from different pulmonary origins that has malignant potential, surgical treatment is recommended. We consider that occurrence of CCAM and AAT deficiency in this case was incidental.