Introduction
Mild fetal bowel dilatation is sometimes detected in the routine 2nd trimester screening. The aim of this study was to explore the useful ultrasonographic and MRI findings of the fetuses with mild bowel dilatation for prenatal diagnosis of ileal atresia.

Methods
Twenty-one fetuses presented mild bowel dilatation (its diameter less than 10mm) without polyhydramnios, ascites and abdominal cyst, between 24 and 30 weeks of gestation were enrolled. The maximum diameter of transverse, and sigmoid colon and rectum was measured in the coronal or axial plane. The appearance of whole colon was assessed on T1-weighted sequence (Thin-slice gradient-echo, 1.5T) of MRI.

Results
The mean values of the diameter of transverse and sigmoid colon and rectum were 3.7±1.0mm, 5.7±1.4mm and 6.5±1.3mm, respectively. In 3 cases, it is difficult to identify transverse colon. Microcolon was detected on MRI and the signal intensity of the intraluminal fluid in the dilated bowel were high on T1w sequences (Figure 1a-d). Remaining 18 cases were transient bowel dilation and microcolon was not detected (Figure 2a-d).

Discussion
Narrow sigmoid colon visualized by ultrasound might reflect microcolon in fetuses with mild bowel dilatation, therefore, it could be a novel findings that support the prenatal diagnosis of ileal atresia.

Conclusion
Even if the bowel dilatation is mild, there is a possibility of ileal atresia if the transverse colon is not visualized properly on ultrasonography. It is important to identify the presence of microcolon on MRI for the differential diagnosis of the transient bowel dilatation.