Congenital pulmonary airway malformation (CPAM) is a rare developmental anomaly characterized by lung cysts in the terminal bronchioles without alveolar development. The prognosis is generally good, but in rare cases there can be rapid progression resulting in hydrops fetalis. The diagnosis of CPAM is usually made in the second trimester however, here we describe a case of CPAM identified at the 1st trimester scan.

A nulliparous lady was referred with a well-defined avascular cystic area in the right fetal chest measuring 4x4x8mm at 12 weeks gestation. At 15 weeks the cystic area had enlarged causing mediastinal shift. At 18 weeks this mass filled the right hemithorax and appeared to be made up of irregular cysts. It extended across the midline causing severe mediastinal shift together with compression of the heart and hydrops. The differential diagnosis includes CPAM, lymphangioma, bronchogenic cysts and teratoma.

Due to the severity of the findings the patient opted for termination of pregnancy after counselling. Post-mortem confirmed a CPAM type 1.

Conclusion: In certain cases, CPAM may be sonographically detected in the first trimester. Our case demonstrates one of the earliest 1st trimester presentations of CPAM ever published. Early presentation maybe indicative of a more severe and rapidly progressive variant of CPAM.