**Introduction:** BPS are rare, representing 0.5-6% of all cases of congenital lung disease

**Case report:**
- P1, 28 yo. Diagnosed at 20w with a lung lesion occupying the whole lower lobe of the left lung. It was hyperechogenic, without visible cysts within it and low vascularity, interpreted as microcystic CPAM as the power Doppler ultrasound failed to identify any feeding vessel from the aorta.
- At 31+5w: the pleural effusion increased to 34mm, polyhydramnios (DVP 12.5cm), skin oedema – significant right mediastinal shift with obvious compression on the aorta and oesophagus, normal ECHO
- Elective C/S at 33+4w, as the fetus had enlarged hydrothorax, and signs of cardiac failure
- CT angiogram- Day1: feeding vessel arising from the aorta at the level of the aortic hiatus, with an ascending trajectory, parallel with the aorta up to the inferior aspect of the lung lesion.
- The baby had an open surgery which was uncomplicated

**Conclusion**
We want to highlight the difficulty to identify the feeding vessel from the aorta in some rare cases of BPS, when the aberrant vessel is very low, at the level of the posterior part of the diaphragm. The case was interesting because of the early development of hydrothorax and of the cardiac failure which is rare in BPS. The diagnosis was made postnatally by CT angiography.