Introduction
Bilateral renal agenesis causes uniformly fatal outcome due to associated pulmonary hypoplasia caused by the absence of amniotic fluid. We report about a special case of a single pregnancy with nearly normal pulmonary function despite of bilateral renal agenesis. To our knowledge this is the second case in literature with similar findings.

Case report
A Gravida I presents at 20 weeks of pregnancy with severe oligohydramnios. Ultrasound examinations revealed isolated bilateral renal agenesis. Amniocentesis for karyotyping and amnio-infusion to improve ultrasound quality are suggested and termination of pregnancy is discussed. The parents reject any further investigations and follow up examinations and prepare themselves for comfort care after birth. Surprisingly, at 31 weeks, amniotic fluid within the normal range is measureable. Stomach and bladder are both clearly visible. Fetal MRI to rule out functional ectopic kidney tissue is performed and a transverse cystic structure described as a possible horseshoe-kidney is detected.

At 35 weeks the fetus is delivered by caesarean section because of PPROM and fetal distress. Respiratory stabilisation is successful, short-term NO and Sildenafil administration lead to sufficient spontaneous breathing. Postnatal MRI confirms bilateral renal agenesis, but also shows duodenal atresia, intestine stenosis and caudal regression syndrome including anal atresia. Finally the treating physicians choose palliative treatment, especially because of the limited prognosis of surgical repair during the already initiated peritoneal dialysis.

Conclusion
This case shows that, in very rare situations, despite of bilateral renal agenesis an effective pulmonary development can be observed. In our theory, as a result of the concomitant duodenal atresia, epithelial secretion of the oesophageal and gastrical tract might have played a role in the reoccurrence of intraamniotic fluid and therefore in an adequate pulmonary development.