Introduction

Microtia is a congenital malformation of the external and middle ear with variable clinical expression. The microtic auricle consists of a disorganized remnant of cartilage attached to a variable amount of soft tissue lobule which is often displaced from its normal position. Depending on the severity the external meatus can be absent or present. Microtia commonly involves the external canal and middle ear, hence, there is a conductive hearing loss in the affected side. It occurs as an isolated anomaly or it can be part of a syndrome. Microtia is more frequent in males, 77–93% of affected individuals have unilateral involvement with the right ear being affected in approximately 60% of cases. The anomaly is a common finding in craniofacial microsomia, Townes-Brocks syndrome and the mandibulofacial dysostoses (e.g.: Treacher-Collins and Nager syndrome), oculo-auriculo-vertebral spectrum (OAVS), etc. Therefore, all of these conditions should be considered in the differential diagnosis.

Case report

A 24-year-old primigravida was referred at 22+0 w.g. for a routine second trimester fetal anomaly scan. An auricular malformation of the right fetal ear was visualized in the parasagittal planes and a third grade microtia was suspected. No other associated structural abnormalities, nor facial asymmetry were found. NIPT revealed normal fetal karyotype, 46 XY. Prenatal counseling for aesthetic reconstruction of the external ear and treatment of the hearing impairment was performed.

Conclusion

Early detection of fetal microtia requires a thorough morphological and genetic investigation. It assures an adequate pregnancy management and proper prenatal counselling.