We present a case of fetus with thymic hyperplasia. At present, this is the first case of prenatal diagnosis of thymic hyperplasia reported in the literature.

A 28 years old primiparous woman with spontaneous and healthy pregnancy. In a routine third trimester scan, we find at the thoracic level in the cut of three vessels, anterior mediastinum homogeneous hypoechoic image of regular edges with a transverse diameter and a total area over ninety five centiles (Fig. 1), confirmed by MRI, suggestive of thymic hyperplasia.

Caesarean section was performed at 38 weeks of pregnancy, obtaining a normal term newborn. A chest x-ray and echocardiography was performed after birth, reporting hyperplasia of the thymus. At 72 hours, laboratory studies were performed including blood biometry, liver function tests, TORCH, c-reactive protein, parvovirus B19 and lymphocyte populations, which were within normal ranges.

Hyperplasia of the thymus is rare and is detected incidentally in a routine ultrasound in postnatal life. In this case normal hemodinamics, no images of thymus tumor or evidences of bacterial or viral fetal infection were found. Fetal surveillance and termination of pregnancy at term are suggested.

The follow-up studies was carried out in postnatal life, including image and laboratory studies, blood count, C-reactive protein, TORCH profile and study of lymphocyte subpopulations, all was normal.

In our case no clinical repercussion was observed either in the fetal life or in the newborn. At our knowledge this is the first reporing of prenatal diagnosis thimic hyperplasia.