Introduction
Crouzon syndrome is a rare disorder. Premature fusion of bi-coronal sutures leads to characteristic phenotype with brachycephaly, orbital proptosis, hypertelorism, exophoria, midface hypoplasia & psittichorhina. Prenatal diagnosis of Crouzon syndrome has rarely been reported as abnormalities are subtle, not easily picked up on imaging & without associated limb defects.

Case
A 33 year old G3 P2 L2 from a remote hilly area without any antenatal visits in 1st & 2nd trimester presented to us at 32 weeks period of gestation (POG). Husband had phenotypical features consistent with Crouzon syndrome. He was however, not aware of his medical condition.

Prenatal Diagnosis
A detailed anomaly scan of fetus revealed Brachycephaly (cephalic index >85%) orbital proptosis with easily visible palpebrae (Figure 1), depressed nasal bridge & psittichorhina (beaked nose)(Figure 2). However there no hypertelorism and no associated limb defects.

Delivery
She delivered a male baby at 38 weeks POG. Baby had a broad head, exophthalmos, exophoria, depressed nasal bridge & beaked nose (Figure 3). Diagnosis of Crouzon syndrome was made based on family history & typical phenotype. Family could not afford genetic testing.

Follow-up
Baby is healthy and 7 months old at time of making this poster.

Conclusion
Prenatal diagnosis of Crouzon syndrome is challenging yet possible with 2D Ultrasound. High index of suspicion needs to be maintained as findings on USG may be subtle.