**Introduction**

Congenital tumors are uncommon in infants, particularly in the head and neck region. This case report presents a congenital lymphangioma, congenital malformations of the lymphatic system with thin-walled vessels. The incidence was reported to be 1:6,000 at birth.

**Case report**

37-year-old woman with a fetus at 30+2 weeks of gestation with a fetal neck cystic mass. Ultrasound revealed a multicystic and hypoechogenic mass extending from right lateral neck, measuring 51 x 35 x 30 mm. Color Doppler image showed low vascularization. The trachea appeared not diverted, and did not present polyhydramnios. The typical sonographic findings suggested a lymphangioma. The patient rejected chromosomal study (lymphangiomas are known to be associated with trisomies 13, 18, and 21, Turner syndrome and Noonan syndrome).

The MRI examination demonstrated a prominent heterogeneous mass. This lesion was lobulated, multicystic, hyperintense on T2 and hypointense on T1 sequences, well defined and with light compression of surrounding structures. Fetal MRI provided detailed anatomical orientation for evaluation of the extent and character of tumor.

A 3120-g male neonate was born by cesarean delivery on maternal request at 38 weeks. Apgar scores were 7, 8, 10 at 1, 5 and 10 minutes, respectively.

The neck mass was completely resected after birth without complication. Histopathological was consistent with lymphangioma.

**Conclusion**

In prenatal diagnosis, ultrasound remains a primary screening method. MRI is more sensitive for detecting fluid levels, could be beneficial in cases of complex extension due to the large field of view englobing different anatomic regions. MRI could be used preoperatively to evaluate engagement of vital structures (aorta, trachea, nerve, etc.). Therefore, the role of MRI for exclusion of even partial compression of the airways by a cystic neck mass is essential, as the method could reveal more anatomical detail; this could be helpful in planning airway access procedures.