A twenty-seven-year-old nulliparous woman with a 35.2-week normal pregnancy, was referred to us with the diagnosis of abdominal solid mass. We identified in the upper and posterior wall of the abdomen a hyperechogenic image, that goes until lower part of mediastinum, we suspected CHH (Figure 1). Also, during the screening, we identified horseshoe kidneys. Fetal MRI confirm this finding.

Patient had a vaginal delivery at 39 weeks of pregnancy. During the first month of extrauterine life, both diagnoses of CHH and horseshoe kidney were confirmed with a gastrointestinal contrast study and abdominal ultrasound respectively.

Prenatal diagnosis of CHH is unusual and in the literature, there are only eight case reports as prenatal diagnosis. In every case, the condition was identified during the third trimester. All cases had the stomach involved and five of them presented volvulus. Six patients were taken to surgical repair; two patients were not intervened, having conservative treatment; and fundoplication was done in five patients.

Differential diagnosis of a solid mass in the fetal thorax is hard to distinguish from other congenital anomalies as diaphragmatic hernia, esophageal duplication, neuroenteric cyst or a microcystic adenomatoid lung malformation.

Our case shows that the prenatal detection of CHH can result in an early neonatal diagnosis and planned corrective surgery, which can reduce long term morbidity.