Introduction
Cleft lip and palate is one of the most common congenital anomaly in head and neck. However, previous studies reported a broad range in prenatal detection rates for low-risk women from 9% to 100%.

Case
A 29-year-old multigravida woman was referred to our hospital at 21+6 weeks’ gestation with cleft lip and palate. Until then, the patient’s antenatal examination was unremarkable. The ultrasound at our hospital showed a defect extending from left nostril to the oral rim and this defect caused distortion of the upper lip and nose, which was seen well with a 3D rendered image. The cleft palate was also visualized by axial planes. Any other anomalies were not noted. The prenatal diagnosis was cleft lip and palate. At 38+6 weeks’ gestation, a live baby boy weighing 3300g was delivered. He has cleft lip and palate. Echocardiography showed normal cardiac function and structure. Chromosomal analysis revealed 46 XY karyotype without any abnormalities. Immediate after birth, the baby did not have respiratory distress, however, suffered from feeding difficulty. Nasoalveolar molding device was applied to the baby and plastic surgery was planned at 3 month old.

Conclusion
It is important to detect cleft lip and palate because it can be an indicator of other syndromic congenital anomalies or chromosomal abnormalities. A multidisciplinary approach is essential for proper management.