OBJECTIVES
Subependymal pseudocysts (SEPC) are increasingly detected during routine fetal ultrasound scanning (Figures 1 and 2). Our purpose was to determine the proportion of apparently isolated SEPC with underlying pathologies and the features that may indicate the need for further investigations.

METHODS
A retrospective study was conducted on 20 patients. Fetal MR Imaging and amniocentesis for karyotyping, comparative genomic hybridization and CMV-PCR were systematically proposed for each patient.

RESULTS
The mean gestational age at diagnosis was 30 weeks. The cases were divided into apparently isolated SEPC (group A, n=16), and those with additional findings on US, MRI or amniocentesis (group B, n=4) (Table 1). Amniocentesis was performed in 65% of cases. Fetal brain MRI was performed in 90%. The inferior wall of the frontal horns was the main location in both groups. There was no difference in size, number or laterality between the two groups. All cases in group A had a normal neonatal outcome including a case of congenital CMV infection. In group B, 3 infants had metabolic diseases and poor neonatal outcomes, 2 cases of pyruvate dehydrogenase deficiency and 1 case of pyruvate carboxylase deficiency (Figure 3). Family history of metabolic disease (p=0.04), consanguinity (p=0.04), MRI results (polymicrogyria p=0.04) are significantly associated in this study with a poor outcome.

CONCLUSION
SEPC should be considered as a warning sign for associated pathologies. Family history and further investigations should be considered to confirm the isolated nature of SEPC, including metabolic disease and CMV congenital infection.