Congenital lobar overinflation (CLO), also referred to as congenital lobar emphysema, is characterized by progressive lobar overexpansion, usually with compression of the remaining lung. CLO is a rare cystic lung malformation with the prevalence of 1 per 20,000 to 30,000 deliveries. The majority of cases present in the neonatal period with signs of acute respiratory distress. Prenatal diagnosis had been made in a number of cases. Such fetuses present with a congenital echogenic mass, including a mediastinal shift and displacement of the heart, resulting in a compression of the contralateral lung. The differential diagnosis of a congenital mass of the lung includes congenital cystic adenomatoid malformation (CCAM), CLO and pulmonary sequestration.

We report a case of a 27-years-old woman, who underwent a scan at 20 weeks. There was a homogeneous hyperechogenic lesion in the left upper lobe of the lung and shifting of the heart to the right. Ultrasound appearances were thought to represent a CCAM of the microcystic type III. The final diagnosis of CLO was made by MR imaging, which showed a mass with homogeneously high signal intensity on T2-weighted images and atresia of bronchus with mucous plug of the left upper lobe. Throughout the pregnancy, the appearance of the thorax remained unchanged. A normal birth occurred (3070g/50cm and Apgar scores 10-10-10). A chest radiograph on day 2 after delivery showed hyper clarity of left lung field compatible with the prenatal diagnosis of CLO. The neonate had normal development. In the absence of any clinical disease or complication, treatment was expectant. The management of CLO is usually resection of the affected lobe, but in asymptomatic patients, conservative approach is warranted.

**Conclusion**

Ultrasonography (US) is the modality of choice for routine imaging of the fetus, but MRI has been recently shown to complement US. MRI is able to differentiate CLO from cystic adenomatoid malformation and bronchopulmonary sequestration.