First Case: Patient was referred at 35 + 1 weeks pregnancy with diagnosis of omphalocele. Ultrasound examination demonstrated a single female fetus, absent bladder, limited urine jet near to genitals, and a 33 mm. umbilical mass. It was concluded omphalocele and absent bladder, so bladder extrophy was suggested. At 39 weeks, by elective cesarean section the newborn was delivered, bladder extrophy and omphalocele (2-3cm) diagnosis was confirmed. The newborn was immediately taken to surgery.

Second Case: Patient was referred at 28+3 weeks pregnancy. Ultrasound examination revealed a single male fetus, with a 35 x 40 mm. Infra umbilical mass, umbilical arteries coursing along the sides of the mass, normal umbilical cord insertion and absent bladder. Findings suggested bladder extrophy. The newborn was delivered by cesarean section at 38 weeks, and diagnosis was confirmed. 3 days later, neonatal surgery was performed.

Third case: Patient was referred at 25 + 1 weeks, monochorionic monoamniotic twin pregnancy. A twin, ultrasound examination revealed a 33 x 15 mm mass in the lower abdominal wall, normal umbilical cord insertion above the defect, and absent bladder. Also, spinal defects were documented, a 42 x 23 mm cystic image at lumbar spine level, open sacrum, irregular dorsal curve, compatible with hemi vertebrae. Twin B didn't show mayor structural defects. An OEIS complex was diagnosed.

Bladder extrophy has a incidence of 1 per 30,000-50,000 live births, is a congenital anomaly resulting from failure of fusion of the middle of the pelvis line tissues during embryogenesis. The OEIS complex has an estimated incidence of 1-200,000 - 400,000 live births. Refers to the occurrence of omphalocele, extrophy bladder or cloacal extrophy, imperforate anus and spinal anomalies, etiology is unclear.

Prenatal diagnosis allows the parents to receive counseling on prognosis as well as an early intervention with better outcomes in third level centers.