Introduction
Meconium peritonitis is an aseptic peritonitis due to intrauterine bowel perforation. Ultrasonography plays an important role for the early antenatal diagnostics of this condition. The typical ultrasonic findings are hyperechogenic calcifications, "snow-storm" appearance, fetal ascites, polyhydramnios, increased fetal abdominal circumference. Usually the perforated bowel heals, meconium calcifies and no interventions are required. In the case of severe symptoms surgical treatment is performed after birth. We present a rare case on meconium peritonitis that occurred in Vilnius University Hospital Santaros Clinics in 2017.

Case report
32 year old primigravida was sent to the Perinatology Coordinating Centre due to fetal ascites at the gestational age of 32 weeks. Ultrasound showed refined fetal intestines and ascites. The laboratory tests results for parvo and herpes viruses were negative. Due to increasing fetal ascites the women was transferred to the Inpatient Day Centre. At the time of hospitalisation the statuses of the mother and fetus were satisfactory. The laboratory tests were normal. No signs of intrauterine infection were revealed. Several fetal ultrasound scans were performed. Fetoplacental blood circulation was normal. Due to enlarging fetal ascites and the presence of polyhydramnios the patient was transferred to the Department of Pregnancy Pathology. After three days of hospitalisation the labour started spontaneously. The emergency caesarean section was performed due to breach presentation of the fetus without complications and 3800 g male neonate was born at 38 weeks of gestation with 8/9 Apgar scores. The newborn was transferred to NICU with diagnosed meconium peritonitis and operated on the second day of his life. After two months of postoperative treatment infant was transferred to outpatient clinic in good condition. The further child’s development was uneventful.