A 29-year-old woman, gravida 1, para 1, 19 weeks + 6 days, was referred to our department due to presence of a fetal neck tumor, which was diagnosed during anomaly scan. Until then, the pregnancy was uncomplicated. 1st trimester screening, performed at 12 w0d did not show any abnormalities. First sonogram done at our department demonstrated a fetal neck tumor measuring 3.97 x 3.86 x 6.97 cm (Figure 1 and 2), originating most likely from the thyroid gland. Color doppler mapping showed intense vascular signals. No further abnormalities were found. Patient was counseled by a paediatric surgeon. Despite high risk of fetal cardiovascular insufficiency subject decided to continue the pregnancy. A follow-up scan, performed 2 weeks later, at 21 weeks + 6 days showed progression of tumor growth. It measured 8 x 6 x 8.1 cm (248 ml). Color doppler mapping showed intense vascular signals. Next scan was set in two weeks, however, shortly before planned visit, at 23 weeks + 2 days of gestation, patient was admitted to delivery room because of pre-term labor. She was treated with Atosiban. Despite the managment, 12 hours after admission, c. section was performed due to progression of labor. Female neonate 900g/28cm, Apgar 0 was born. The histopathology assessment revealed a thyroid gland teratoma.