Introduction
The first trimester scan has evolved from measurement of the crown-rump length and nuchal translucency; to an early anomaly scan. The prevalence of ventriculomegaly between 11-14 weeks gestation is 0.2%. Additional anomalies were found in 70% of these cases. We present a case of bilateral ventriculomegaly detected at 14 weeks gestation.

Case report
A 19 year old primigravida was diagnosed with threatened miscarriage at 14 weeks gestation. Scan revealed a viable fetus with bilateral ventriculomegaly with normal midline seen. There was an echogenic right kidney and single umbilical artery. The couple were committed towards the pregnancy.

Second trimester
The anomaly scan showed bilateral severe ventriculomegaly with presence of midline structures, normal cerebellum and cisterna magna. There was lumbosacral hemivertebra, right multicystic dysplastic kidney, single umbilical artery and a ventricular septal defect (VSD) in a male fetus. Other structures were normal. A diagnosis of hydrocephalus with multiple anomalies suggestive of VACTERL syndrome was made.

Management
A cordocentesis revealed a normal karyotype of 46 XY. A formal fetal echocardiogram showed a perimembranous VSD. The pregnancy continued and there was gross enlargement of the fetal head in relation to the body. The head circumference measured 500mm at 39 weeks gestation. An elective lower segment Caesarean section was carried out for relative cephalopelvic disproportion. A 4.1kg male baby was delivered alive with a good Apgar score.

Postnatal care
In addition to the scan findings, the baby had rudimentary preaxial polydactyly of the right hand and an imperforate anus. A contrast enhanced CT brain reported gross obstructive hydrocephalus due to aqueductal stenosis.

Conclusion
First trimester detection of ventriculomegaly should trigger a search for associated anomalies. There are many presentations of VACTERL syndrome with varied prognosis. However the VACTERL-hydrocephalus variant almost always results in fatality.