Introduction
Hepatosplenomegaly diagnosed on prenatal ultrasound may be secondary to an intrauterine infection or anemia. Rarer etiologies such as primary fetal tumors or myeloproliferative disorders should also be considered in the diagnostic differential.

The case
A 33-year-old woman at 31 weeks gestation was referred with fetal hepatosplenomegaly (size & volume parameters >95th centile), placentomegaly & an elevated MCA PSV suggesting fetal anemia. Amniocentesis QF-PCR revealed Trisomy 21. A likely diagnosis of transient abnormal myelopoiesis (TAM) was made. Cesarean delivery was performed due to worsening fetal condition at 31.3 weeks gestation. Postnatal investigations revealed a Hb of 78 g/dL, white cell count of 68 x 10^9/L, with CD61+ megakaryoblasts of 78%. A diagnosis of TAM or myeloid leukemia associated with Trisomy 21 was made. Systemic chemotherapy was administered with some improvement, but death occurred on day 26 from complications of prematurity & sepsis.

TAM
This rare disorder is characterised by leucocytosis, immature blasts, extramedullary myelopoiesis & hepatosplenomegaly. It occurs in neonates with Trisomy 21, & is rarely diagnosed prenatally. Prenatal diagnosis may confer a worse prognosis, with a high mortality rate. Treatment options can include delivery, transfusion & systemic chemotherapy; recently intra-uterine transfusion has been reported.

Conclusion
This case demonstrates the ultrasound features associated with a prenatal diagnosis of TAM. When faced with these ultrasound signs, it is important to perform fetal karyotyping & if Trisomy 21 is demonstrated to consider TAM as a potential complicating condition.