Isolated aberrant right subclavian artery (ARSA) do not significantly increase the risk of aneuploidy. Mircea O. Poenaru 1,2, Flavia Braicu 1, Alexandra M. Nistor1, Liana Pleș1,2; 1 Clinical Emergency Hospital Sf Ioan, Bucharest; 2 UMF Carol Davila, Bucharest.

**Objectives**
The prevalence of ARSA in normal individuals is reported to be 1.2% postnatally and 0.6–1.5% prenatally. Is known that the prevalence in trisomy 21 (T21) fetuses is 20%. Our objectives are to evaluate the association of isolated aberrant right subclavian artery with Down’s syndrome (T21) in low risk population.

**Methods**
Our study is a prospective analysis of ARSA cases diagnosed in our clinic during last year (2018). Only isolated, low risk at first trimester combined screening test, ARSA were considered for the final analysis. This vascular variant was detected by applying color Doppler at the level of the three-vessel-trachea view.

**Results**
Only 14 patients, diagnosed in first and second trimester, were included in study. One single 38 years old primipara had a combined risk of 1/9300. Considering increased likelihood ratio of 13×, the final risk was intermediary one (1/715).

Fetal ADN in maternal blood analysis in this case did not reveal an increased risk for T21. All fetuses were born naturally at term and, after birth, all children were found to be healthy.

**Conclusions**
Incidence of T21 in cases with isolated ARSA and low risk combined first trimester screening test, is probably very low. Parents can be reassured, in these cases, that the finding is probably a normal variant.