**Introduction**

Ductus arteriosus (DA) connects the pulmonary artery to the proximal descending aorta. The most common reason for constriction-closure of DA is maternal administration of non-steroidal anti-inflammatory drugs during the 3rd trimester of gestation. But the majority of cases remain unexplained. The idiopathic form is rare, depending on its severity, is associated with right heart failure and fetal hydrops leading in some cases to fetal loss.

**Case report**

We describe a case of a 31-year-old woman presenting at 20+2 weeks with abnormally looking great arterial arches and a pathological 3 vessels view.

The fetal echocardiography revealed normal four chamber view. The aortic arch was normal in size and location, but the ductal arch was not present in any of the views. In the 3 vessels view and trachea, the pulmonary artery was not visualized.

The main pulmonary artery bifurcated into two main branches but the DA joined the descending aorta in a lower level than usual, detectable by color Doppler examination.

Color aliasing was present along the course of the Ductus. The Systolic velocity was increased (140 cm/s), indicating premature ductal restriction.

A repeat examination was performed at 26 weeks of gestation with same findings, benignant premature atrial contractions appeared, as a heart rhythm irregularity that did not require treatment and resolved spontaneously.

A 3120 -g male neonate was born by cesarean delivery on maternal request at 37 weeks 6 days. Apgar scores were 8, 9, 10 at 1, 5 and 10 minutes, respectively.

Follow-up examination of the newborn showed no cardiac symptoms or signs. Neonatal echocardiography did not find any Ductus in 2-D and color images and revealed normal cardiac anatomy.

**Conclusion**

Detection of Ductus arteriosus restriction is based on both 2-dimensional imaging and Doppler flow velocity signal through the Ductus. There is a considerable variation in the severity and progression of ductal constriction. Close monitoring is mandatory to exclude development of right heart failure and allows proper management.