Objectives
To explode ultrasonographic pregnatal diagnosing value through retrospective study on absent pulmonary valve syndrome (APVS).

Methods
66558 examinations cases within 10 years from our center were retro-spectively studied by fetal echocardio-graphy (FECG) include two dimension and Doppler Imaging.

Results
1) 19 fetuses were comforted with APVS that pregnant woman aged from 21-37y, mean age 28y, and pregnant weeks were 17+3-32+6W, mean 25+6W.
2) 14 fetuses were screened and shown typically as ectasia main trunk and/or left and right branch of pulmonary artery (PA), stenosis of pulmonic annulus, absent of PA valve, and double direction blood flow colored in red and blue was viewed alterna-tively sited at PA, which forward flow during systole was same as backward flow during diastole. 4 cases’ PA were showed no expansion significantly.
3) One fetus suffered with APVS was only monitored as rising of UA pulsatility Index, another was only with mild larger ratio of right ventricle and right atrium, widening of ascending aorta and aortic annulus. The other 17 cases were combined with at least one abnormality, most more than one cardiac malformations such as VSD, DORV, TOF, DOLV, aortic straddle, Thickening of ventricular wall, declining of ventricular motion, widening of aorta, trivial narrowing of aortic and pulmonary annulus.
4) 15 of them were mixed with VSD but 4 not. 17 were shown Ductus arteriosus but 2 not. 6 cases were done gene examination and none were abnormal. And all were followed up till labor. 5) All 19 cases were suffered with no extracardiac malformations.

Conclusion
Prognosis of APVS pediatric patients is not very well even after surgical treatment, especially those combining with intracardiac malformation. APVS is typical shown by FECG include 2D and spectral Doppler and Color Doppler Imaging, but isolate absent of pulmonary valve should be examed carefully to determine and exclude the other intracardiac malformations.