Introduction
Ventricular septal defect (VSD) in tetralogy of Fallot (TOF) is usually a large nonrestrictive defect. In rare cases, redundant tricuspid valve (TV) tissue may prolapse into the VSD occluding the defect causing suprasystemic right ventricular pressure.

Clinical case
A 20 week primigravida was referred to our unit where diagnosis of TOF with severe pulmonary stenosis was confirmed. Array-CGH showed no pathological findings and follow-up scans were performed monthly.
At 34wks the fetus developed symmetrical cardiomegaly with myocardial hypertrophy and no additional signs of cardiac dysfunction. TV was competent but an echogenic 7mm subvalvular thickening partially occluded the VSD resulting in a restrictive VSD (peak flow 217cm/s).
A follow-up scan was scheduled in 72h but the mother was admitted two days later for premature rupture of membranes and labor was induced after fetal maturation. Diagnosis was confirmed postnatally

The neonate was managed with PGE1 infusion, placement of a ductal stent in the 1stw and a semi-corrective surgery with transannular patch and closure of the arterial duct 2m later. Clinical instability urged corrective surgery at 3m, with resection of the accessory TV tissue. The patient currently has an adequate ventricular function

Conclusion
TOF with restrictive VSD is rare entity that may lead to right heart failure. This life threatening condition is usually caused by an accessory TV tissue resulting from persistent high ventricular pressure due to critical pulmonary stenosis. Prenatal signs of cardiac dysfunction in TOF should prompt a detailed exam of the VSD.