Introduction
Double aortic arch (DAA) is a rare cardiac congenital anomaly resulting in varying degrees of tracheoesophageal compression after birth. It is also associated with intracardiac and extracardiac malformations. This diagnosis had been frequently ascertained after birth, but recent evolutions in fetal echocardiography, such as HDlive flow and spatiotemporal image correlation (STIC), have facilitated accurate diagnosis in the antenatal period, improving perinatal management.

Case-report
We report the case of a 37-year-old G2 P1, who was referred to our fetal medicine center for an echocardiography at 25 weeks. Her first child was followed for an isolated atrial septal defect.
At 13 weeks, the first trimester screening test was negative with a 1.4mm nuchal translucency. NIPT was also negative.
The morphological scan was performed at 21 weeks and suggested an isolated right aortic arch.

Echocardiography
On the 3-vessel view, we suspected a right dominant arch and a minor but patent left aortic arch with a left sided patent ductus arteriosus forming a vascular ring around the trachea and the oesophagus. A high transverse view of the upper mediastinum (subclavian artery view) was not conclusive to determine the branching pattern.

Advantages of 4D echocardiography
The 4D echocardiography, using STIC and HDlive led us to confirm the diagnosis of DAA, with a clear view of the origins of both aortic arches with an associated subclavian artery on each. The blood flow in the aortic arches is also imaged more effectively using combined Doppler and STIC.