Objective
The aim of this study was to assess the frequency of prenatal detection and the structure of extracardiac pathology (ECP), which can potentially complicate the course of the neonatal period in children with congenital heart disease (CHD).

Methods
436 pregnant patients with fetal CHD were examined at the gestational age of 16-40 weeks at the Perinatal Cardiological Center of the A. N. Bakulev National Medical Research Center of Cardiovascular Surgery and FSBI «National medical research center for obstetrics, gynecology and perinatology named after academician V. I. Kulakov» in 2018-2021.

Results
ECP was detected in 77 (17.7%) cases, including genitourinary system anomalies in 35 (8.0%) fetuses, gastrointestinal tract anomalies in 24 (5.5%) fetuses, facial structures anomalies in 10 (2.3%) fetuses, facial anomalies in 2 (0.5%) fetuses, and multisystem lesions in 6 (1.4%) fetuses. The rate of ECP depending on the type of CHD was: 94.1% (16/17) in heterotaxic syndromes, 29.0% (9/31) in AVSD, 25% (2/8) in CAT, 22.2% (12/54) in Tetralogy of Fallot and 22.2% (4/18) in DORV, 21.4% (3/14) in univentricular heart, 16.7% (2/12) in stenosis / atresia of the tricuspid valve, 14.3% (1/7) in the aortic stenosis, 13% (3/23) in the pulmonary valve anomalies, 11.7% (4/34) in non-obstructive and 9.5% (10/105) in obstructive aortic arch lesions, 7.7% (2/26) in HLHS, 6.6% (1/15) in tricuspid dysplasia / Ebstein's anomaly, 5.8% (3/52) in TGA cases. Also, a high frequency ECP was determined in fetuses with venous return anomalies (4/4 of cases).

Conclusion
Cases with fetal CHD are at increased risk for the presence of ECP that can potentially complicate the course of the neonatal period. It is necessary to conduct a detailed examination of the organs and structures of the fetus as soon as possible after the diagnosis of CHD is established for the earliest possible formation of a high-risk group of cases with unfavorable perinatal outcomes and for correct and timely routing of the patient.