Objective
To examine the evolution of conotruncal anomalies from the initial diagnosis at early fetal echocardiography through the gestation and to evaluate the impact of the early diagnosis on the outcome of these congenital heart defects.

Methods
We identified cases of conotruncal anomalies diagnosed before 16 weeks of gestation. For all cases, prenatal data and pregnancy outcome were evaluated. In continuing pregnancies, the evolution of the congenital heart defects was assessed.

Results
Seventy-five fetuses with conotruncal anomalies were diagnosed at early fetal echocardiography. Parents opted for termination of pregnancy in 29 cases. In 24 out of 29 cases additional anomalies were present. In 5 of 46 continuing pregnancies there was an intrauterine death. In the remaining 41, there was progression in the severity in 9 cases (by 20-22 weeks in 4 cases and during the third trimester in the remaining 5 cases).

Conclusion
Conotruncal anomalies diagnosed before 16 weeks of gestation can progress in severity throughout pregnancy in over one fifth of cases. In addition, a high proportion of cases early diagnosed may have associated extracardiac anomalies, with a significant impact on clinical management and on the rate of early termination of pregnancy.