**INTERVENTION IN ADULT CONGENITAL HEART DISEASE – STENTING IN COARCTATION OF THE AORTA WITH SPECIAL REFERENCE TO THE ROLE OF COVERED STENTS**

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Stenting has emerged as an alternative to surgery and balloon dilatation in adults with native coarctation of the aorta (CoA). The risk of aneurysm formation and aortic dissection/ rupture has led to more and more the use of covered stents especially in patients with complex anatomy, near atretic or long segment coarctation, tortuous arch, transverse arch coarctation, associated PDA, Turner syndrome, old age and as rescue treatment in stent related complications. Fifty covered CP stents were implanted in 47 patients from January 2002 to December 2010 at our institution. Mean age and weight were (22.4±1.4) years and 59.1±2.3 kg. The systolic gradient decreased from a mean of 54.5±4 to 5.1±0.8 mmHg (p<0.0001). The diameter of the CoA increased from 4.76±0.35 to 15.1±3.2 mm (p<0.0001). There was one death 3 days post procedure related to an anaesthesia related anoxic brain damage after adequate stenting. There was no dissection or aneurysm formation. Left subclavian artery occlusion in five patients with transverse arch coarctation led to no functional loss. At a mean follow up of 41.7+3.6 (12-120) months, all stents were patent and in good position on CT angiography. Three patients (6.4%) developed re-coarctation and underwent successful re-dilatation. In 70% of the patients antihypertensive medication could be decreased or stopped. Stenting in native CoA in adults is a safe and effectively alternative to surgery and or balloon dilatation in intermediate and long term follow up. Covered stents may be used as first choice in selected patients with severe and complex CoA.