central shunt and clipping of duct, but required AD recanalization later. During intervention he developed a thrombus in the stent, which was treated successfully using thrombolytic treatment. The third patient had PA and VSD. The arterial duct originated from the left subclavian artery and his duct spontaneously closed in spite of prostaglandin infusion. Aortography showed pulmonary atresia, right-sided aortic arch and barely patent AD. He had AD recanalisation. During the procedure he had severe desaturation and bradycardia requiring resuscitation for two minutes. All infants had successful arterial duct recanalization and stenting. They were clinically stable during follow up waiting for subsequent procedure.
Conclusion: Arterial duct recanalization and stenting is a feasible and effective procedure in selected cases, and its risks are treatable.

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62. Recombinant tissue plasminogen activator in neonates: Potential risks and benefits

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Life-threatening intra-cardiovascular thrombi are rare in neonates. Recombinant tissue plasminogen activator (rTPA) which stimulates fibrinolysis, is used in adults to facilitate thrombus resolution. Its use along with heparin in neonates remains controversial because of potential risk of serious bleeding.

Our **aim** was to present our experience with the use of thrombolytic agents in seven neonates and young infants.
Methods and patients: All neonates and one 45 days old infant, between Jan. 2008 and Jan. 2014, with intracardiac and/or intravascular thrombii who were treated either by thrombolytic agents or by heparin alone were included.

The following factors were collected: demographic data, primary diagnosis, and site of thrombus, risk factors, method of diagnosis, route and duration of treatment, dosage of thrombolytic and/or anticoagulation agent, complications and outcome.
Results: Seven patients were identified. Age range was from five days to 45 days (median age 12 days), median weight 2.9 kg (range 0.9–3.8 kg). The thrombi were diagnosed by echocardiography in five cases and in two by angiography. All patients had life threatening thrombi; four were treated with rTPA and heparin infusions with complete dissolving of the thrombi within short time (2–96 h) without complications. The other three patients (two were premature, 28 and 34 weeks of gestation, and the other had deranged coagulation profile) were treated with unfractionated heparin due to fear of bleeding. The thrombus was dissolved in the premature babies and embolized in the other one, which led to his death.
Conclusion: Our small case series, confirmed the effectiveness and safety of the used dosage of intravenous infusion of recombinant tissue plasminogen activator in neonates with life threatening thrombi.

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63. Pulmonary atresia with intact ventricular septum, associated with intracranial calcifications and left parietal hemangioma (Sturge–Weber Syndrome)

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Case report: Neurocutaneous disorders are characterized by skin lesions (port wine stain, hypopigmented patches) associated with intracranial features (ipsilateral leptomeningeal angiomas, intracranial calcifications and subsequent seizures). Some of these patients will also have opthalmological findings.These disorders are occasionally accompanied by congenital heart disease. Example: PHACE syndrome which is associated with aortic coarctation. On the contrary, Sturge–Weber syndrome, apart from one single case report, is usually not described with congenital heart disease. In the mentioned case report, 13 year old female had along with this syndrome, pulmonary atresia with ventricular septal defect. As the author of this case report questioned whether this might be a new association, we would like to report our patient.

This is a 14 months old boy with pulmonary atresia/intact ventricular septum along with intracranial calcification, seizures along with strabismus and tunnel vision. Clinical findings were similar to Sturge–Weber syndrome, though cutaneous features were not present. Brain CT angio with contrast was diagnostic for Sturge–Weber and showed calcifications as well as left parietal hemangioma.

As far as we know, this specific association has never been reported before and might be a new constellation as suggested by Huseyin Tan et al. (2003).

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64. Evaluation of cardiovascular anomalies in conjoined twins: A single-centre experience from King Abdulaziz Cardiac Center

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A Stanford Type A aortic dissection is a life-threatening surgical emergency that requires emergent surgery. The mortality after repair is high especially if the aortic dissection is complicated by visceral or