adult CHD were retrospectively included. Adverse events were assessed using the Bergersen classification.

**Results**

174 stents were implanted during 132 procedures in 127 patients by 6 main operators in 9 centers. Patients were aged 15.7 ± 15.1 years old (min 5 day-old - max 70 years old). Sixteen types of procedures were identified. Main indications were transcatheter pulmonary valve replacement (29 patients, 23.0%), pulmonary artery branches angioplasty (34 patients, 27.0%), aortic (re)coarctation stenting (37 patients, 29.4%) and ductus arteriosus stenting (11 patients, 8.7%). 18 patients (14.3%) were under one y.o and 35 (27.8%) were over 18 y.o. Main pathologies were tetralogy of Fallot and variants (ACC-CHD 8.3, n = 45, 35.7%), and aortic coarctation (ACC-CHD 9.2, n = 36, 28.6%). More than 1 stent was implanted in 32 procedures (24.4%, max. 5 stents). Main stents implanted were the CP stent (33.0%), EV3 LD max (22.0%), Valeo (16.2%) and valved stents (15.0%). 98.5% procedures were considered as successful. Serious adverse events were observed in 12.9%. After multivariate adjustment, only procedure type was related to the risk of total adverse events (OR: 3.0, 95%CI 1.1—7.9) but not to stent related adverse events. Age, weight, center, operator, type of stents, stent diameter, genetic disorder and type of CHD were not significantly related to the risk of adverse events.

**Conclusion**

Stents are used in various CHD catheterization procedures, from infancy to adult age. Adverse events rate is significant and seems related to the type of procedure.

**Disclosure of interest**

The authors have not supplied their declaration of conflict of interest.

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**Objectives**

CONGENITAL MITRAL VALVE STENOSIS (CMVS) IS A HETEROGENEOUS GROUP OF LESIONS THAT CAN BE ISOLATED OR PART OF LEFT HEART OBSTRUCTIVE SYNDROME. HISTORICALLY, MITRAL VALVE SURGERY HAS BEEN ASSOCIATED WITH SIGNIFICANT MORTALITY AND MORTALITY. SURGICAL TECHNIQUES HAVE RECENTLY IMPROVED. WE REVIEW HERE A SINGLE-CENTER EXPERIENCE IN MITRAL VALVE (MV) SURGERY FOR CMVS.

**Patients**

Between 1975 and 2013, 50 pts underwent MV surgery for CMVS. Six (12%) were adults (> 18 yrs) and 18 were < 2 yrs (36%). Median age was 3 yrs (19 d—30 yrs, mean 6.3 yrs), median weight 13 kg (2.7—80 kg, mean 19.2 kg). In 35 pts, CMVS was part of left heart obstructive syndrome, with 1 or more previous non-MV surgery in 25. Among the 15 pts with "isolated" CMVS, 2 had previous non-MV surgery. Two pts had previous mitral valvuloplasty in another center.

**Results**

First choice MV surgery was valvuloplasty in 48 pts, prosthetic valve replacement (MVR) in 2. In the valvuloplasty group, 14 pts were reoperated with a median delay of 11 mo (mean 22 mo, 19 d—16.6 yrs). Second surgery was MVR in 3, valvuloplasty in 11. Five pts had a 3rd surgery (3 MVR, 3 valvuloplasty), 2 had a 4th surgery (redo MVR). There were 6 deaths (overall mortality 12%): 2 after first surgery (1 valvuloplasty, 1 MVR, respectively 8 and 14 days postop), 4 after the second surgery (24 days and 3.5 mo after valvuloplasty, 30 days and 31 yrs after MVR). Risk factors for postoperative death were: presence of supravalvular lesions (left superior vena cava in the coronary sinus and/or supramitral ring, \( P < 0.04 \)), surgery for supravalvular lesions (\( P < 0.04 \)), longer cardiac bypass time (\( P < 0.03 \)) and longer ICU stay duration (\( P < 0.01 \)). Risk factors for reoperation were younger age (\( P = 0.008 \)) and low weight (\( P < 0.04 \)) at first surgery.

**Conclusion**

Valvuloplasty as first-choice surgery for CMVS carries an acceptable initial mortality but a relatively high rate of reoperations (29%). Iterative plasty is possible but mortality is higher (18%).

**Disclosure of interest**

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**Conservative surgery for congenital mitral valve stenosis: Is it the best option?**

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