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aortic valved stent implantation above the coronary ostia might avoid blocking the coronary ostia.

**Method** Fresh pig pericardia were procured and processed to make artificial valves, and then mounted on tubular braided stents to make valved stents. Twenty healthy dogs weighing 17.7±3.1 kg were selected to establish a canine model of acute aortic valve rupture. The dogs were randomly divided into two groups: the rupture group without any treatment and the valved stent group with percutaneous valved stent implantation above the coronary ostia. The two groups of animals were followed up for 3 months. Echocardiography and other tests were performed to assess aortic regurgitation and ventricular function.

**Results** Acute aortic valve rupture models were successfully established in 16 of 20 dogs. In the rupture group, the mean aortic regurgitation was 6.8±1.9 ml/s, only three of eight animals survived for 5 months. In the valved stent group, the mean aortic regurgitation was 7.0±2.1 ml/s, valved stents were successfully implanted above the coronary ostia in eight animals. Instant post-implantation anatomy showed that the stents were located appropriately. Seven dogs survived for 3 months. Reduced aortic regurgitation was detected by colour Doppler echocardiography and no valved stent dislocation was found by 64-slice CT scan.

**Conclusion** Percutaneous valved stent implantation above the coronary ostia is feasible and effective as a transitional treatment for acute aortic valve rupture.

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**e0542 TRANSCATHETER THERAPY OF VENTRICULAR SEPTAL RUPTURE IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION COMPPLICATED BY VENTRICULAR SEPTAL RUPTURE**

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**Objective** To explore the feasibility and clinical effects by transcatheter interventions used for the patient suffering acute myocardial infarction (AMI) postinfarction.

**Methods** Between June 2005 and August 2009, Ventricular septal rupture (VSR) patients diagnosed with VSR underwent transcatheter closure aged 59–79 years old (mean 63.3±24.7). The occluders were released with the monitoring of transthoracic echocardiography (TTE) and X-ray fluoroscopy.

**Results** 3 cases were successfully treated with transcatheter closure. The defect diameter was 11–28 (17.9±5.9) mm measured by TTE and the size of the occluder was 16–32 (21.3±7.6) mm. The occluder successful rate was 100%. The case success in 2 and a big VSR lead to die in 1.

**Conclusions** VSR was showed by praeordial area auscultation, transthoracic echocardiography (TTE) and left ventricular angiography after AMI. The transcatheter closure of VSR postinfarction is alternative method in patients not suit for surgical closure. But the careful examination and preparation are need before transcatheter closure.

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**e0543 CLINICAL AND CORONARY ANGIOGRAPHY CHARACTERISTICS BETWEEN YOUNG (<45) AND OLD (>60) PATIENTS WITH CORONARY ARTERY DISEASE**

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**Objective** To study the clinical Clinical and coronary angiography characteristics between young (<45) and old (>60) patients with coronary artery disease.

**e0544 THE SAFETY AND EFFICIENCY OF DALTEPARIN DURING PERCUTANEOUS CORONARY INTERVENTION**

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**Objective** This study was designed to evaluate the efficacy and safety of using dalteparin instead of UFH in selective percutaneous coronary intervention (PCI) of patients with coronary heart disease (CHD).

**Methods** In this prospective, open-label, multicentre trial, from Jan. 2006 to Apr. 2008, 212 patients with CHD were enrolled. Patients without prior SC dalteparin therapy or those for patients who came...
e0543 Clinical and coronary angiography characteristics between young (<45) and old (>60) patients with coronary artery disease

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