A 13-year-old female patient with Turner syndrome and complex congenital heart disease including aortic coarctation presented to our hospital. Stenting of the coarctation was successfully performed with an open-cell-design non-covered stent (ev3 MaxLD). Due to the short distance between the left subclavian artery origin and the coarctation, open-chestectomy plus open-chest stenting angiography demonstrated good patency of the subclavian arteries an experimental study. J Am Coll Cardiol 2010; 55:499–500.

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