CLAIMS

1. Use of udenafil or a pharmaceutically acceptable salt thereof in the preparation of a medicament for treating, preventing, and/or minimizing conditions, symptoms, and/or side effects associated with a patient who has had a Fontan procedure.

2. Use according to Claim 1, in which the condition, symptom, and/or side effect is:

(a) cardiac output, and the method results in improving cardiac output;

(b) pulmonary vascular resistance, and the method results in decreasing pulmonary vascular resistance;

(c) exercise capacity, and the method results in increasing exercise capacity;

(d) myocardial performance, and the method results in improving myocardial performance;

(e) aerobic exercise performance, and the method results in improving aerobic exercise performance; or

(f) any combination thereof

3. Use according to Claim 2, in which:

(a) cardiac output is improved by an amount selected from the group consisting of about 5%, about 8%, about 10%, about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, and about 50%;

(b) pulmonary vascular resistance is decreased by an amount selected from the group consisting of about 5%, about 8%, about 10%, about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, and about 50%;

(c) exercise capacity is increased by an amount selected from the group consisting of about 5%, about 8%, about 10%, about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, and about 50%;

(d) myocardial performance is improved by an amount selected from the group consisting of about 5%, about 8%, about 10%, about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, and about 50%;

(e) aerobic exercise performance is improved by an amount selected from the group consisting of about 5%, about 8%, about 10%, about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, and about 50%; or

(f) any combination thereof

4. Use according to Claim 1, 2 or 3, in which the patient who has had the Fontan procedure is a human patient, preferably in which the patient:

(a) is an adult human patient over about 18 years of age;

(b) is a pediatric patient of about 2 to about 18 years of age;

(c) is a pediatric patient of about 12 to about 18 years of age; or

(d) is a pediatric patient from about 12 to about 16 years of age.

5. Use according to Claim 1, in which the udenafil or the pharmaceutically acceptable salt thereof is in a solid oral dosage form, such as a tablet or capsule.

6. Use according to Claim 1, in which the udenafil or a pharmaceutically acceptable salt thereof is administered in a total daily dose between about 25 mg and about 600 mg, preferably about 37.5 mg, about 75 mg, about 87.5 mg, about 125, or about 175 mg.

7. Use according to Claim 1, in which the udenafil or a pharmaceutically acceptable salt thereof is administered once a day.

8. Use according to Claim 7, in which once a day administration of a therapeutically effective dosage of udenafil, or a pharmaceutically acceptable salt thereof, results in therapeutic levels of udenafil, present in the patient's blood stream for up to about 8 hours, such as up to about 10, about 11, about 12, about 13, about 14, about 15, about 16, about 17, about 18, about 19, about 20, about 21, about 22, about 23 or about 24 hours.

9. Use according to Claim 1, in which the udenafil or a pharmaceutically acceptable salt thereof is administered twice a day.

10. Use according to Claim 9, in which twice a day administration of a therapeutically effective dosage of udenafil, or a pharmaceutically acceptable salt thereof, results in therapeutic levels of udenafil, present in the patient's blood stream for at least about 16 hours in a 24 hour dosing period, such as about 9 hours, about 10 hours, about 11 hours, about 12 hours, about 13 hours, about 14 hours, about 15 hours, about 16 hours, about 17 hours, about

18 hours, about 19 hours, about 20 hours, about 21 hours, about 22 hours, about 23 hours, or about 24 hours, in a 24 hour dosing period.

11. Use according to Claim 1, in which:

(a) the patient does not experience any serious adverse events; or

(b) the patient does not experience any moderate adverse events.

12. Use according to Claim 1, in which:

(a) VO2 at maximal effort is maintained over time;

(b) over time VO2 at maximal effort decreases by less than about 5%, less than about 10%, less than about 15%, less than about 20%, less than about 25%, less than about 30%, less than about 35%, or less than about 40%;

(c) VO2 at maximal effort improves by at least about 10%, about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, or about 50%;

(d) VO2 at an anaerobic threshold is maintained over time;

(e) over time VO2 at an anaerobic threshold decreases by less than about 5%, less than about 10%, less than about 15%, less than about 20%, less than about 25%, less than about 30%, less than about 35%, or less than about 40%; or

(f) VO2 at anaerobic threshold improves by at least about 10%, about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, or about 50%.

13. Use according to Claim 1, in which:

(a) exercise capacity is maintained over time;

(b) over time exercise capacity decreases by less than about 5%, less than about 10%, less than about 15%, less than about 20%, less than about 25%, less than about 30%, less than about 35%, or less than about 40%; or

(c) exercise capacity improves by at least about 10%, about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, or about 50%.

14. Use according to Claim 1, in which:

(a) vascular function is maintained over time;

(b) over time vascular function decreases by less than about 5%, less than about 10%, less than about 15%, less than about 20%, less than about 25%, less than about 30%, less than about 35%, or less than about 40%;

(c) vascular function improves by at least about 10%, about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, or about 50%; and/or

(d) vascular function is measured by any one of a PAT index, pulse amplitude tonometry, natural log of reactive hyperemia index, reactive hyperemia index, Framingham RHI, area under the curve to max-occlusion/control, and average up to max-occlusion/control.

15. Use according to Claim 1, in which:

(a) ventricular performance is maintained over time;

(b) over time ventricular performance decreases by less than about 5%, less than about 10%, less than about 15%, less than about 20%, less than about 25%, less than about 30%, less than about 35%, or less than about 40%;

(c) ventricular performance improves by at least about 10%, about 15%, about 20%, about 25%, about 30%, about 35%, about 40%, about 45%, or about 50%; and/or

(d) ventricular performance is measured by any one of myocardial performance index (MPI), blood pool MPI, tissue Doppler MPI, and average isovolumetric contraction and relaxation.

16. Use according to Claim 1, in which blood pool MPI improves by at least 20%.

17. Use according to Claim 1, in which administering a therapeutically effective amount of udenafil or a pharmaceutically acceptable salt thereof results in a characteristic pharmacokinetic profile.

18. Use according to Claim 17, in which the characteristic pharmacokinetic profile comprises:

(a) a C_{max} between 300 and 700 ng/ml;

(b) a C_{max} of about 500 ng/ml;

(c) a T_{max} between 1 and 1.6 hr;

(d) a T_{max} of about 1.3 hr;

(e) an AUCT between 2550 and 4150 ng•hr/ml;

(f) an AUCT of about 3350 ng•hr/ml;

(g) an AUC_{0_24} between 5110 and 8290 ng•hr/ml;

(h) an AUC_{0_24} is about 6701 ng•hr/ml.