1078 We experienced the complex higher risk and indicated patient (CHIP) and complete revascularization with three PCI sessions could bail the patient out of critical situation.

A 50 year old man was admitted to hospital with dyspnea. We diagnosed as congestive heart failure related with acute coronary syndrome. We performed coronary angiography, which had revealed stenosis of 99% of LAD with severe calcification, proximal stenosis of 90% of RCA, and stenosis of 90% of mid LCx.

Because of the LV dysfunction (EF 30%), poor graftability, and respiratory failure, so we decided to perform PCI. At first, we performed PCI for RCA supported by IABP, and deployed DES. Two days later, we performed staged PCI for the lesion from LMT to proximal LAD involving bifurcation. Rotational atherectomy was performed for severe calcification followed by DES implantation and final kissing balloon inflation. Thereafter heart failure dramatically improved, and he discharged at day12. One month later, we performed pharmacological stress testing with perfusion scintigraphy, and it revealed the residual ischemia at posterior wall. Two months after 1st session, we performed PCI for LCx with DES. After the session, completely revascularization was achieved We experienced the complex higher risk and indicated patient (CHIP). Complete revascularization with three PCI sessions could bail the patient out of critical situation.