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A 70-year old man with chronic renal dysfunction was referred to our division due to worsening chest pain. We performed coronary angiography since the master-double test was positive for ischemia. Coronary angiogram revealed 99% stenosis at the mid LAD which has collateral flow from distal RCA, and 90% stenosis at mid RCA. We planned staged PCI to mid LAD. We combined 1.5mm semi-compliant balloon with extension catheter, consecutively dilated the lesion with Lacrosse NSE balloon to make cracks at the severely calcified lesion, so-called Leopard-Crawl technic without using contrast medium. IVUS images after lesion preparation showed multiple cracks at the calcified lesion which made us possible to expand the stent ideally, to reduce the amount of contrast medium as a result.