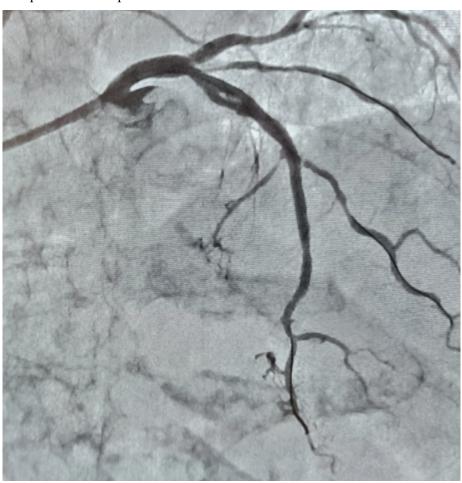
## When Cracking the Calcium Creates a New Challenge: An IVUS-Guided Approach to a Giant Post-IVL Fissure

Bayushi Eka Putra, Yutaka Tadano, Takuro Sugie, Shoichi Kuramitsu, Ivan Satria Pratama, Umihiko Kaneko, Tsuyoshi Takeuchi, Daitaro Kanno, Yoshifumi Kashima, Tsutomu Fujita

Sapporo Cardiovascular Clinic

Intravascular Lithotripsy (IVL) effectively modifies calcified lesions by creating fractures. However, an extensive fracture can present a new challenge: achieving optimal stent apposition while increasing the risk of coronary perforation. We present a case illustrating the management of this clinical dilemma. A patient with a severely calcified LAD lesion underwent complex PCI using a multimodality approach with cutting balloons and IVL. IVL created a giant calcium fracture, which was confirmed by IVUS. A drug-eluting stent was deployed and meticulously post-dilated. Final IVUS imaging confirmed good stent expansion; however, complete apposition against the extensively fractured calcium segment was deliberately not achieved to mitigate the high risk of coronary rupture. The procedure was concluded with a successful angiographic result and no complications. In these cases, intravascular imaging is essential to guide strategy and determine a safe procedural endpoint.



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