Management of a CHIP Case Complicated by Complete Atrioventricular Block, Severe Aortic Stenosis, and an Incidental Diagnosis of AL Amyloidosis

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Purpose: Complex Higher-risk and Indicated Patients (CHIP) are defined as those with coronary lesions requiring revascularization but at high procedural risk due to complex coronary artery anatomy and multiple comorbidities. Transcatheter aortic valve implantation (TAVI) patients, who have severe aortic stenosis, are often elderly, frail, and have heavily calcified coronary arteries, frequently meeting the criteria for CHIP. We present a representative case to support treatment strategies for CHIP cases, which are expected to increase with the growing number of TAVI patients in an aging population. Case: An 80-year-old woman with a history of PCI was referred to our hospital with heart failure. She was diagnosed with non-ST-segment elevation myocardial infarction (NSTEMI), and further evaluation revealed complete atrioventricular block (CAVB) and severe aortic stenosis (AS). CAVB was considered the primary cause of heart failure; therefore, permanent pacemaker implantation was performed first, followed by coronary angiography (CAG). CAG revealed a heavily calcified lesion in the left anterior descending artery (LAD), and PCI was planned concurrently with balloon aortic valvuloplasty (BAV). After hemodynamic stabilization with BAV, PCI for the LAD was successfully performed using intravascular lithotripsy (IVL). Subsequently, elective TAVI was performed without major complications, and myocardial biopsy revealed AL amyloidosis. The patient remained stable without heart failure exacerbation and is currently being evaluated for treatment of AL amyloidosis. Conclusion: We report a CHIP case complicated by complete atrioventricular block, severe aortic stenosis, and AL amyloidosis, in which PCI was successfully performed.