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A frail elderly woman with a BMI of only 16 underwent PLV stent implantation 20 days ago at an external hospital for acute myocardial infarction. Initial angiography revealed a "true bifurcation lesion" in the left main coronary artery (LMCA) classified as "Medina 1,1,1", accompanied by "severe calcification". Undoubtedly, this represented an "extremely high-risk patient".

Preoperatively, we utilized the "CorVIS system" to process and reconstruct coronary CT angiography (CTA) data, allowing for better characterization of the anatomical structure and calcified plaque distribution. Guided by the CorVIS reconstruction, "rotational atherectomy was performed solely on the LM-to-LAD segment", while the "LCX ostium was treated with a cutting balloon". Subsequently, "wire bias was adjusted" based on IVUS findings after initial atherectomy, optimizing the therapeutic strategy.