1023 **A Challenging Case Report:Critical Left Main Artery to Left Descending Artery Stenting in a Heavily Calcified Stenosis**

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We engaged left coronary system with Extra Back Up 3.5 guiding catheter and wired down with Sion Blue coronary wire in Teleport Microcatheter into Left Anterior Descending artery. Sion Blue coronary wire exchanged with Fiedler XTR coronary wire but failed to cross. Crusade dual lumen microcatheter into Fielder XTR coronary wire with 2nd wire Sion Black coronary wire for support but failed. Wires removed and Sion Blue coronary wire wired into Left Circumflex artery for extra support. Sion Black coronary wire in Crusade microcatheter introduced into Sion blue coronary wire and attempt to cross Left Anterior Descending but failed. Sion Black coronary wire upgraded to Fielder XTR coronary wire but all attempts to cross Left Anterior Descending was unsuccessful.

Next attempted to wire into Left Anterior Descending with Gaia 1st coronary wire with the aid of IVUS guidance but unsuccessful.

Next decided to change guide catheter to JL 3.5. With much difficulty we wired down Left Anterior Descending successfully with Runthrough floppy coronary wire.

Finecross microcatheter into Runthrough Floppy coronary wire and exchange to Rota-wire. Finecross removed via balloon trap and RotaLink 1.5 mm inserted and bur commenced. Rotawire exchange to SIon Blue coronary wire via FineCross into Left Anterior Descending. Runthrough floppy coronary wire into Left Circumflex artery to improve guide support. Mid Left Anterior Descending lesion cut with Wolverine 3.0x10 mm cutting balloon and at this point noted patient was hypotensive with ST-segment elevation over anterior chest leads on cardiac monitoring which is likely due to worsening dissections and distal plaque embolization as seen on the fluoroscopy.

Started inotrope infusion with Noradrenaline and immediate stent deployed with Promus Premier 2.25x24 mm to mid Left Anterior Descending artery. Immediately after stent deployment noted blood pressure improved and inotropes requirement reduced. Next proximal Left Anterior Descending artery was cut with Wolverine 3.0x10mm cutting balloon. After a run with IVUS decided to stent Left Main artery with Resolute Onyx 3.5x26 mm and proximal optimization technique (POT) with NC Euphora 4.5x8 mm.

After another IVUS run, proximal Left Anterior Descending stent with Resolute Onyx 3.0x22 mm. Noted slow flow phenomenon of Left Anterior Descending, aspiration catheter (Thrombuster) into Left Anterior Descending and vasodilators given with Adenosine, Verapamil and Isoket. Flow improved.

Wires out and final angiographic showed good TIMI 3 flow obtained. Inotrope was off at the end of the procedure. No dissections or perforations of vessels seen.