1123 **A case of AMI due to calcified nodule involving LMT-bifurcation successfully treated with rotational atherectomy**

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The patient was a man in his 70's. He had been suffering exertional chest oppression for five months. The symptom worsened gradually. He visited a nearby clinic, and was diagnosed as worsening angina pectoris. The doctor decided to refer him to our hospital for detailed examination. But he made an emergent visit to our ER, complaining a severe chest pain, four days before the planned visit. On the emergent CAG, we found a subtotal occlusion of distal LMT. Thanks to the collateral channels from RCA, the coronary flow of arteries distal to the lesion was barely maintained. We immediately introduced IABP and performed an emergent PCI. IVUS showed a large calcium chunk protruding into the lumen of the LMT. We treated the lesion with rotational atherectomy and a cutting balloon, and finalized the procedure with a drug-coated balloon. The peak value of serum CK was 1756U/L. His clinical course after the discharge has been uneventful. He underwent a follow-up CAG 6 months later, which showed no restenosis. An AMI case due to calcified nodule involving LMT-bifurcation is not very common. We would like to share this case with many interventionists and discuss the optimal PCI strategy for such challenging cases.