1125 **A case report of Rotational Atherectomy-Induced Coronary Perforation at Left Circumflex Artery Ostium with Carina-Side Calcified Nodule**

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A case of an 80-year-old woman who developed Ellis type 3 coronary perforation during percutaneous transluminal coronary rotational atherectomy (PTCRA) of a calcified nodule at the left circumflex artery (LCX) ostium. The patient had a history of ST-elevation myocardial infarction with severe aortic stenosis. Coronary angiography revealed severe stenosis with calcified nodule at the left main trunk (LMT) bifurcation extending from the LCX to the left anterior descending artery (LAD). During PTCRA of the LCX using a 1.5mm burr, intramural hematoma developed, which subsequently progressed to Ellis type 3 coronary perforation following drug-coated balloon (DCB) dilatation. The perforation was successfully managed with prolonged perfusion balloon inflation after failed attempts with covered stent implantation. This case highlights the risks and management of PTCRA at the carina side of coronary bifurcations and discusses bail-out strategies for coronary perforation.