1138 **A Case of Extensive Malignant Dissection Caused by Intravascular Lithotripsy for a Calcified Lesion.**

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The patient was a 76-year-old woman. Her medical history included hypertension, cerebral infarction, postoperative abdominal aortic surgery, and postoperative peripheral artery disease. She was attending the surgical outpatient clinic. On transthoracic echocardiography performed at the outpatient clinic, the left ventricular wall motion abnormality was observed. Coronary CT was performed, which revealed three-vessel disease, and coronary angiography (CAG) was subsequently carried out.

CAG revealed a chronic total occlusion in segment #2 and 90% stenosis in segment #13. We performed percutaneous coronary intervention (PCI) for segment #12.

The lesion characteristics were evaluated using optical coherence tomography (OCT), which showed a calcium score of 4 points (maximum calcium arc >180°, calcium thickness >0.5 mm, calcium length >5 mm), so the use of intravascular lithotripsy (IVL) was planned.

A total of 80 pulses were delivered using a 3.0 × 12 mm IVL balloon, after which a contrast defect was observed on angiography. The ECG showed ST-segment elevation.

The imaging device was changed from OCT to intravascular ultrasound (IVUS), and drug-eluting stents (2.25 × 24 mm and 3.0 × 32 mm) were implanted. IVUS confirmed the entry of the dissection is covered by the stents and the procedure was completed.

It is rare for IVL to cause extensive dissection, and we report this case with a review of the literature.