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The first case, coronary rupture occurred during LCX-CTO PCI, 4 self-made stent grafts were implanted from LM to LAD to finally seal the ruptured coronary artery; The second case was cervical hematoma after simple PCI with RCA, which was confirmed as thyrocervical trunk artery perforation by reexamination of angiography, followed by self-made stent graft occlusion at this site; The third case was iatrogenic retrograde dissection of LM and LCX due to puncture of the balloon by a calcified nodule during a seemingly simple in the middle LAD, followed by PCI of LM-LAD and LCX without contrast agent, but then a perforation in distal LAD and gelatin sponge was successfully occluded; The fourth case was an RCA ostial dissection during RCA-CTO PCI, the stent at the ostial RCA was detached and sleeved outside the GC, and the stent was successfully pulled out of the body by reverse capture using Snare.