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A 62-year-old man who denied any past medical history presented to the emergency room (ER) of this hospital due to progression of chest tightness noted for 3 hours associated with cold sweating and pain sensation at left anterior chest wall. EKG at ER revealed extensive ST elevation at precordial leads. Vital signs were relatively stable under N/C 3L/min at ER. Further primary PCI was arranged which revealed STEMI, DVD, LAD-P to -M 100% occlusion and LAD-P 90% stenosis; RCA-M 80% stenosis. Intervention to LAD first was done under IVUS guide. RCA revascularization was also done at the same time due to inferior leads ST elevation during primary PCI, which might revealed the severity of RCA stenosis.