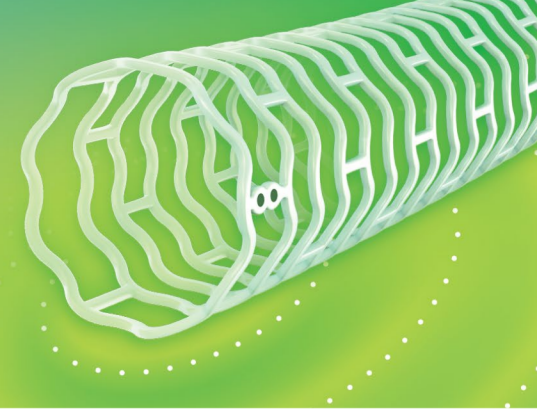
Esprit™ BTK
Everolimus Eluting Resorbable Scaffold System



CASE REPORT
Courtesy of Rajiv Swamy, MD, FSCAI

SUCCESSFUL TREATMENT OF ANTERIOR TIBIAL ARTERY WITH ATHERECTOMY AND ESPRIT™ BTK SYSTEM

This case study outlines the treatment and follow-up of a 60-year-old male with a complex medical history and non-healing wound with purulence at 1st digit on right lower extremity. This procedure involved the use of Stealth 360™ Peripheral Orbital Atherectomy System, and Esprit™ BTK, resulting in successful revascularization.

INTRODUCTION

A 60-year-old male with a complex medical history, including PAD, DM, CAD, and CHF, presented with a non-healing wound with purulence at 1st digit right lower extremity, with osteomyelitis of right distal phalanx (**Figure 3**). A total occlusion was present in the Anterior Tibial (AT) Artery, with minimal reconstitution in the distal leg (**Figure 1A+B**).

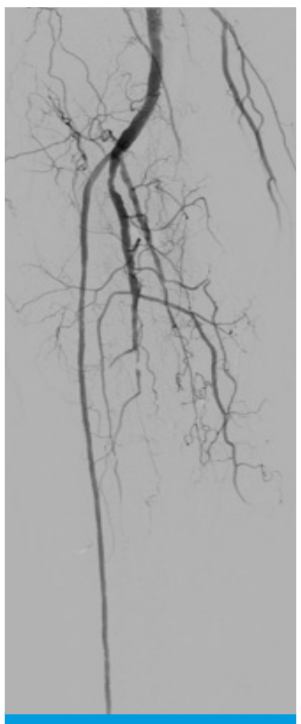


Figure 1A

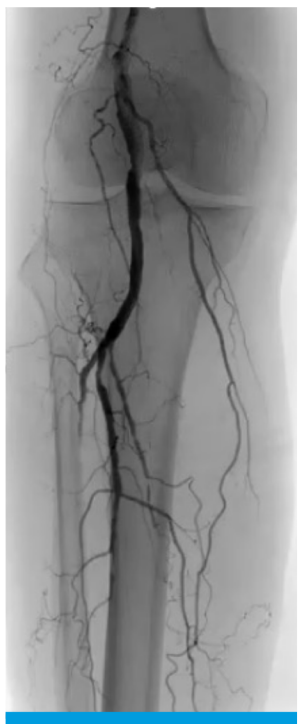


Figure 2A

Figure 1B

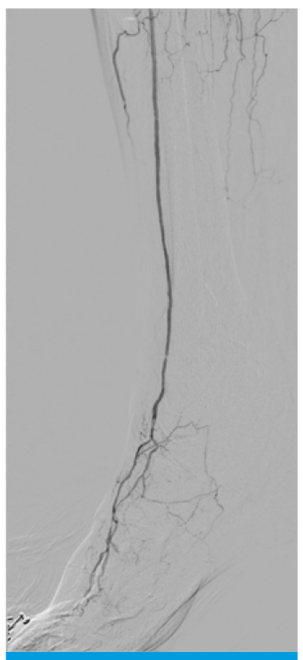


Figure 2B

PROCEDURAL OVERVIEW

A Stealth 360™ Peripheral Orbital Atherectomy System 1.25 Micro Crown device was utilized at low and medium speeds to address calcification in the AT, followed by a non-compliant (NC) balloon. IVUS confirmed adequate plaque modification, but significant vessel recoil was noted following balloon angioplasty.

The target lesion in the right AT was measured via IVUS and a ViperWire Advance™ Guide Wire was used to deliver a 3.75x38 mm Esprit™ BTK scaffold to the proximal AT.

Post-dilatation of the Esprit™ BTK scaffold was performed with 4.0 x 40 mm non-compliant (NC) balloon dilatation catheter. Post-procedural angiogram demonstrated brisk flow in the AT (**Figure 2A**) & filling of the dorsalis pedis (**Figure 2B**).

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Figure 3

CONCLUSION

The key takeaway for this case is the significance of recoil following plain balloon angioplasty. Esprit™ BTK offers radial strength similar to a metallic stent within the first 6 months to address this recoil,[1] while preserving flexibility for the future with complete resorption in 3 years.[2]

1. Data on file at Abbott. Testing done with XIENCE Sierra™ 3.5 x 38 mm at nominal.
2. Data on file at Abbott. Excluding platinum markers.

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