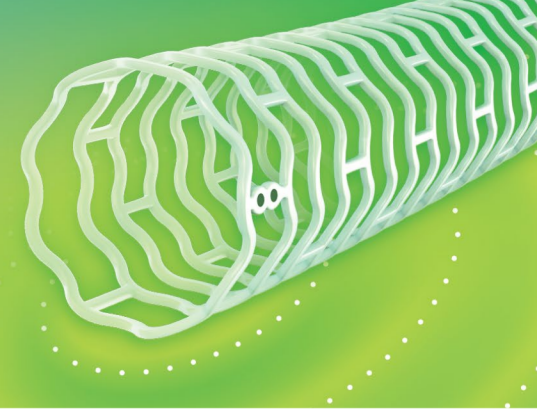
Esprit™ BTK
Everolimus Eluting Resorbable Scaffold System



CASE REPORT
Courtesy of J.D. Corl, MD, FACC, FSCAI

SUCCESSFUL TREATMENT OF ANTERIOR TIBIAL CTO WITH OVERLAPPING ESPRIT™ BTK SCAFFOLDS

This case study outlines the treatment and follow-up of a 78-year-old male with a complex medical history and a non-healing ulcer. The procedure involved the use of specialty balloons and Esprit™ BTK scaffolds, resulting in successful revascularization and wound healing.

PATIENT PRESENTATION

A 78-year-old male with a medical history of PAD, CAD, HLD, DM-2, HTN, aortic stenosis, CKD, and carotid disease presented with a necrotic non-healing ulcer (4 cm) on the lateral aspect of his left foot for 8 months, categorized as Rutherford Becker Category 5 (**Figure 1**).

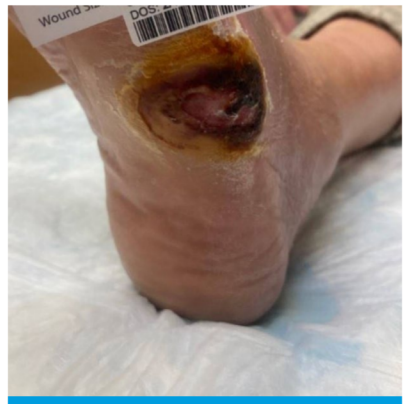


Figure 1
Necrotic non-healing ulcer

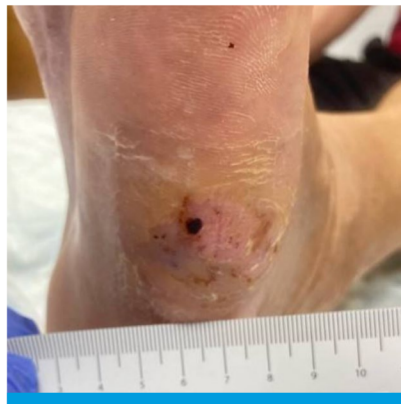


Figure 6
Healed wound 1 month post-procedure

Diagnostic Findings

Normal velocities in the left femoral and popliteal arteries, with duplex ultrasound demonstrating absent pulses in both the peroneal and anterior tibial arteries.

I/O Sustainable Inflow/Outflow

Pre-treatment flow was normal above the target tibial lesion, with a single vessel runoff in the left lower extremity and 100% total occlusion in the left anterior tibial (AT) and left peroneal arteries (**Figure 2**).

P Prepare the Lesion

Specialty balloons (3.5 x 210 mm and 4 x 210 mm tapered balloon dilatation catheter) were used to prep the lesion, resulting in a suboptimal outcome with residual 80% stenosis and areas of dissection (**Figure 3**).

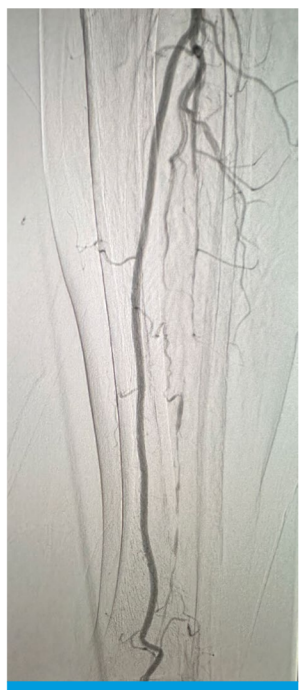


Figure 2
Diagnostic angiogram

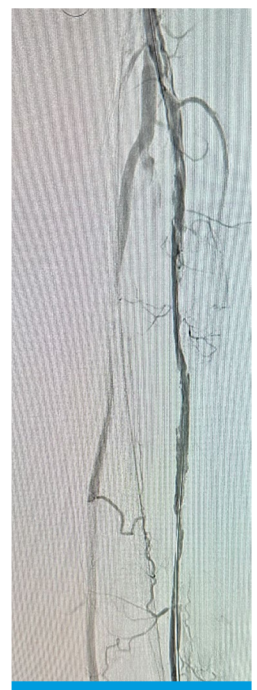


Figure 3
Post PTA areas of dissection

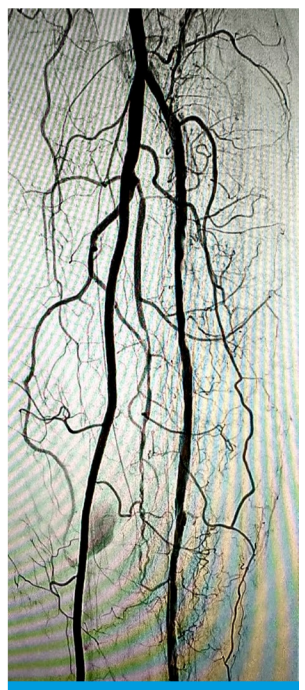


Figure 5
Post-procedure outcome

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S Size Appropriately

Using IVUS, proximal reference vessel diameter of target lesion was measured to be 3.99 mm in diameter (**Figure 4A**), tapering to 3.45 mm in mid AT (**Figure 4B**). Moderate calcification was noted throughout. Two overlapping Esprit™ BTK scaffolds were placed using an 0.014″ guidewire: a 3.75 x 38 mm scaffold in the proximal AT and a 3.5 x 38 mm scaffold in the mid AT.

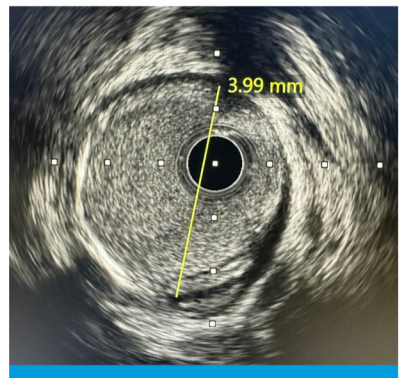

Figure 4A
3.99 mm proximal AT reference diameter

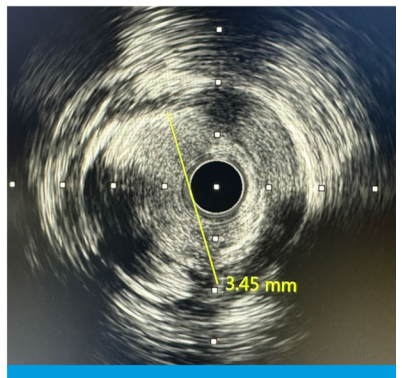

Figure 4B
3.45 mm mid AT reference diameter

P Post Dilate

Post-dilatation was performed with a 4 x 210 mm tapered balloon (proximal - mid AT) and a 3.5 x 60 mm non-compliant (NC) balloon (mid AT) at 12 and 18 atms, respectively. Flow was brisk through AT following procedure. (**Figure 5**).

Post-Procedure Outcome

Follow-up showed the wound healed approximately 1 month post-procedure, and a duplex ultrasound 2 months later confirmed a widely patent Esprit™ BTK in the left anterior tibial artery (**Figure 6**). Duplex ultrasound demonstrated improved post-intervention vascularity with pulses of 86 cm/s in the peroneal and 120 cm/s anterior tibial artery.

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