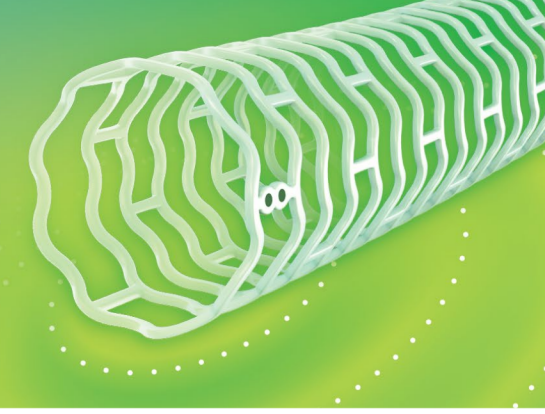

CASE REPORT

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

SUCCESSFUL TREATMENT OF POSTERIOR TIBIAL CTO IN BILATERAL TMA PATIENT WITH AN ESPRIT™ BTK SCAFFOLD

This case study outlines the treatment and follow-up of a 60-year-old male with history of bilateral TMA and a non-healing ulcer on the plantar surface of right foot with CTO in both AT and PT. This procedure involved the use of a calcium modifying balloon and an Esprit™ BTK scaffold, resulting in successful revascularization.

PATIENT PRESENTATION

A 60-year-old male with a complex medical history, including PAD, CLI, bilateral TMA, DM-2, tobacco abuse, HLD, and HTN, presented with a non-healing wound on his right foot. The patient was categorized as Rutherford Becker Category 5.

Diagnostic Findings

ABI was 0.39 on the right side, with CT imaging revealing moderate non-obstructive plaque in the right CIA. The right Superficial Femoral Artery (SFA) and popliteal artery showed diffuse non-obstructive plaque, and the right AT and PT arteries were completely occluded (**Figure 1A**).

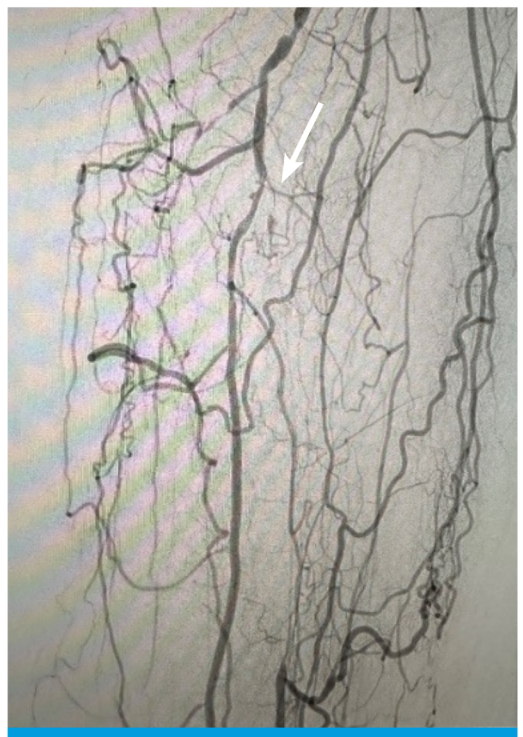

Figure 1A
Pre-treatment angiography

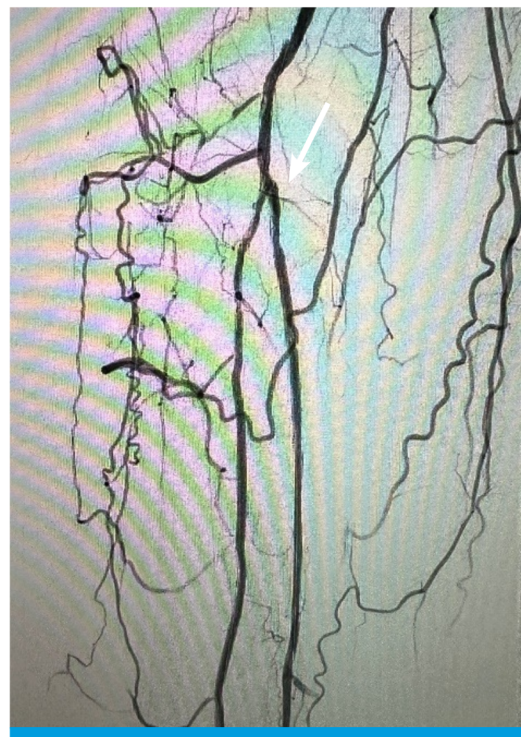

Figure 1B
Post-treatment angiography

I/O Inflow/Outflow

Pre-treatment flow was normal above the target tibial lesion, but outflow beyond the target lesion was only distal filling via collaterals.

P Prepare the Lesion

To prepare the lesion, a 3.5 x 80 calcium modifying ballon was used, resulting in a focal dissection in the mid-right PT. Angioplasty was performed in the right popliteal artery and right TPT with a 5x60 drug-coated balloon via right PT access, in the right peroneal artery with a 2.5x 40 balloon via left radial access, in the right PTA with a 3.5x150 balloon via right PT access.

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S Sizing

The target lesion in the right PT, had a length of 25 mm and a proximal reference vessel diameter of 3.04 mm (**Figure 2**) via IVUS. An 0.014 guidewire was used to deliver a 3x38 mm Esprit BTK scaffold to the proximal/mid-right PT (**Figure 3**).

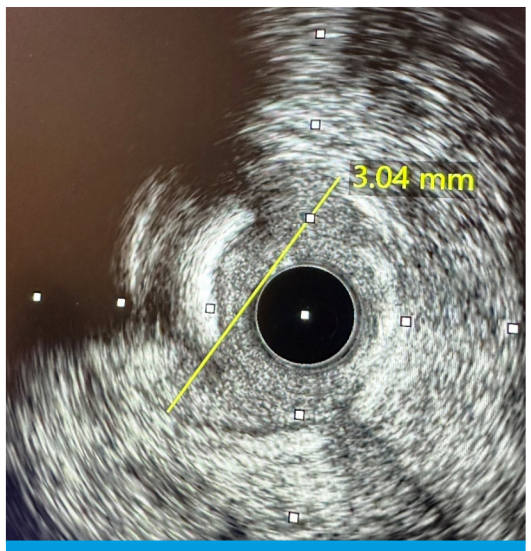

Figure 2
Sizing the vessel with IVUS

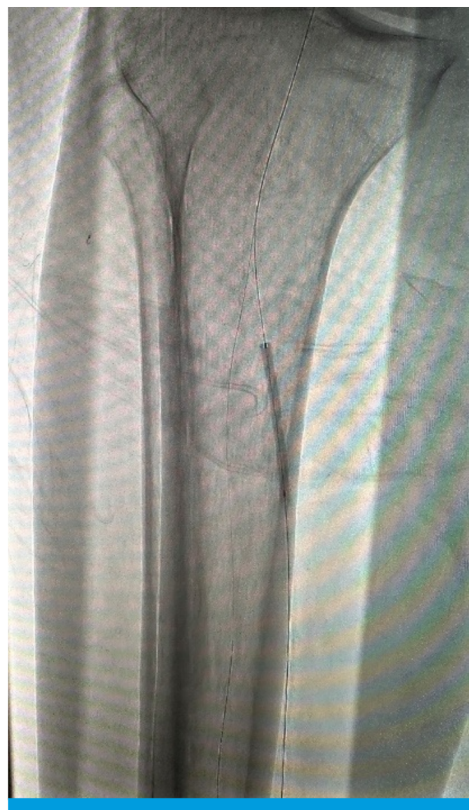

Figure 3
Deploying scaffold

P Post-Dilatation

Post dilatation of the Esprit™ BTK scaffold was performed with a 3.0 x 40mm semi compliant balloon to ensure apposition.

Post-Procedure Outcome

The follow up duplex scan showed patency and brisk flow in the PT with wound healing in 4-5 weeks (**Figure 1B**).

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