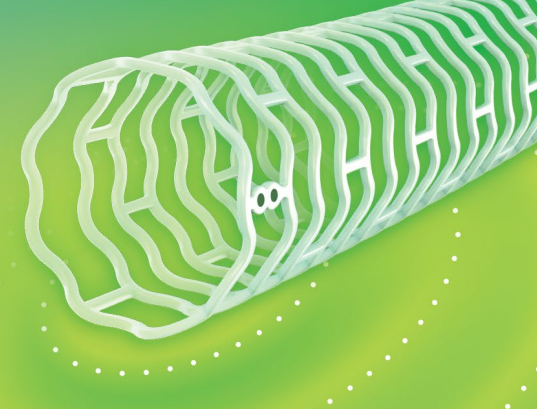

Esprit™ BTK
Everolimus Eluting Resorbable Scaffold System

CASE REPORT
Courtesy of Matthew C. Bunte, MD, MS

SUCCESSFUL TREATMENT OF RB6 PATIENT WITH ANKLE WOUNDS WITH ESPRIT™ BTK SCAFFOLDS

An 80-year-old female with a complex medical history presented with non-healing wounds on her right medial and lateral ankle, classified as Rutherford Becker Category 6. The treatment involved balloon angioplasty and Supera™ Stents placement above-the-knee, with calcium modification balloon and Esprit™ BTK scaffolds below-the-knee, resulting in successful revascularizataion.

PATIENT PRESENTATION

An 80-year-old female with a medical history of Type 1 Diabetes, CAD, and 3v CABG presented with non-healing wounds on the right medial and lateral ankle. The patient was classified as Rutherford Becker Category 6 (**Figure 1**).

Diagnostic Findings

ABI was 0.80. No applicable CT findings or previous angiogram findings.

I/O Inflow/Outflow

Both the SFA and Popliteal artery had flow-limiting lesions above the target tibial lesion, which were treated with balloon angioplasty and overlapping 5.5x150 and 5.5x100 Supera™ Stents. Distal outflow was reasonable beyond the target tibial lesion.

P Prepare the Lesion

A 0.014″ Hi-Torque Command™ ES & 0.018″ support catheter was used to access the tibial arteries. Severe stenosis was noted both in the Tibioperoneal (TP) trunk and the proximal Posterior Tibial (PT) artery (**Figure 5a**). The target lesions in the TPT and PT artery were measured via IVUS, with reference vessel diameters of 4.0 mm and 2.75 mm, respectively (**Figure 2a/b**) each measuring 12 mm in length. The lesion in the PT was treated with preferred calcium modification system, and then a 2.5x20 mm NC balloon. The 2nd target lesion in the TPT was pre-dilated with 4.0x20mm NC balloon @ 16 ATM.

Figure 1
Lateral ankle ulcer

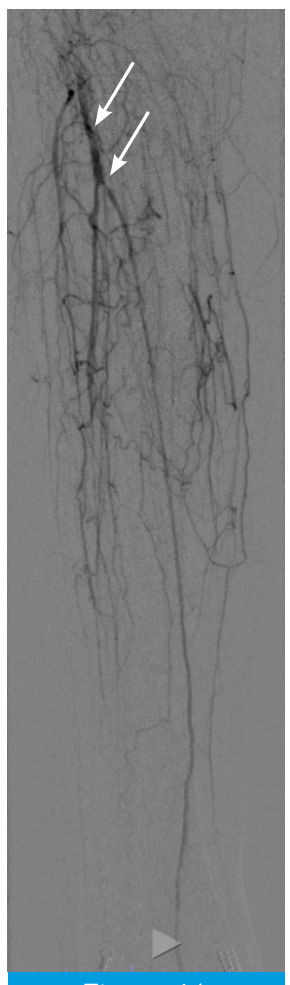

Figure 4A
Pre treatment tibials

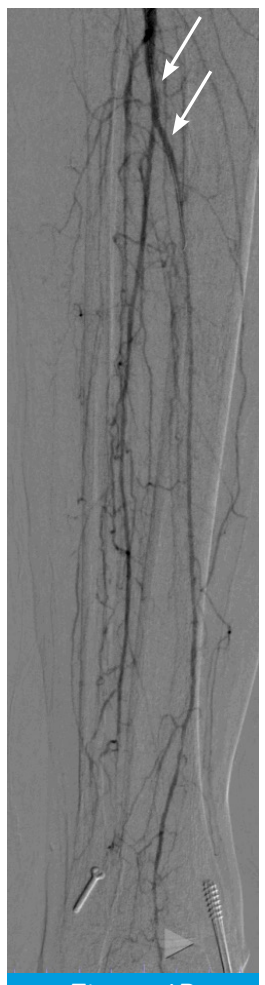

Figure 4B
Post treatment tibials

S Size the Scaffold

Sizing 1-1 to IVUS reference vessel diameters, a 2.5 x 18 mm Esprit™ BTK scaffold in the target proximal PT lesion (**Figure 3a**), and a second 3.75x18mm Esprit™ BTK scaffold was delivered in the TPT target lesion (**Figure 3b**).

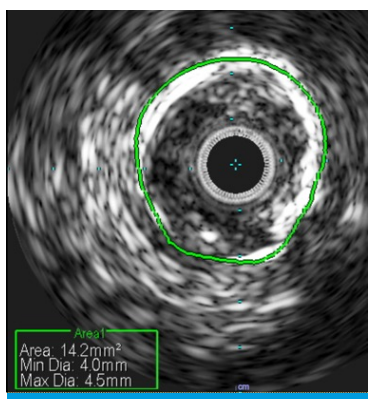

Figure 2A
TPT IVUS 4.0 mm

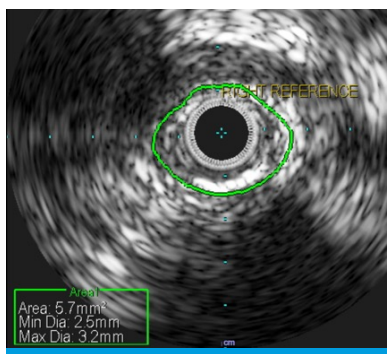

Figure 2B
PT IVUS 2.5 mm

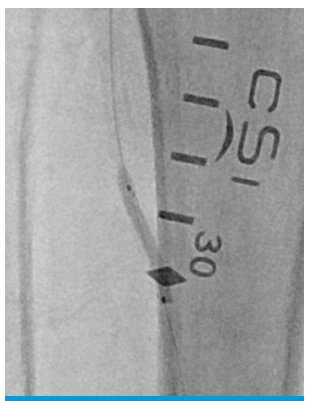

Figure 3A
3.75x18 mm scaffold in the proximal PT

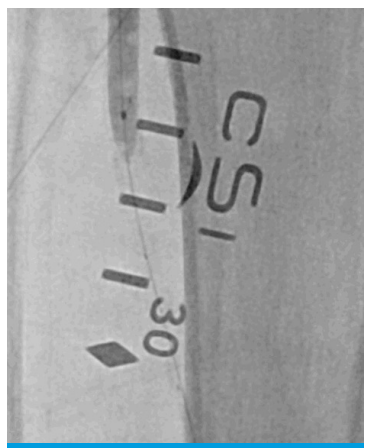

Figure 3B
2.5x18 mm scaffold in TPT

P Post Dilatation

Post-dilatation was performed using non-compliant balloons with diameters of 4.0 mm and 2.75 mm, respectively, at 16 ATMs to ensure scaffold apposition against the vessel wall.

Patient Follow-Up

Post-procedural images demonstrated brisk flow through TPT & PT (**Figure 4b**), with increased outflow through pedal arteries post-intervention (**Figure 5b**). Follow-up 3 weeks post procedure demonstrated significant healing improvement in Lateral and Medial Ankle Ulcers.

Figure 5A
Pre treatment pedal flow

Figure 5B
Post treatment pedal flow

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