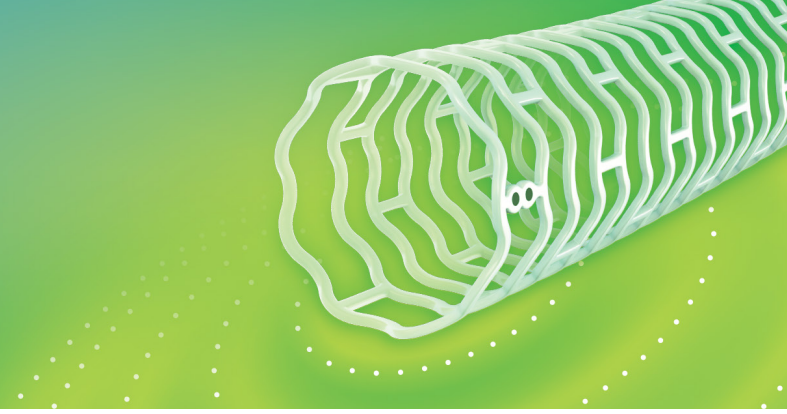
Esprit™ BTK
Everolimus Eluting Resorbable Scaffold System



CASE REPORT

Courtesy of Brian G. DeRubertis, MD, FACS

SUCCESSFUL TREATMENT OF COMPLEX MULTIVESSEL BTK DISEASE USING MULTIPLE ESPRIT™ BTK DRUG-ELUTING RESORBABLE SCAFFOLDS

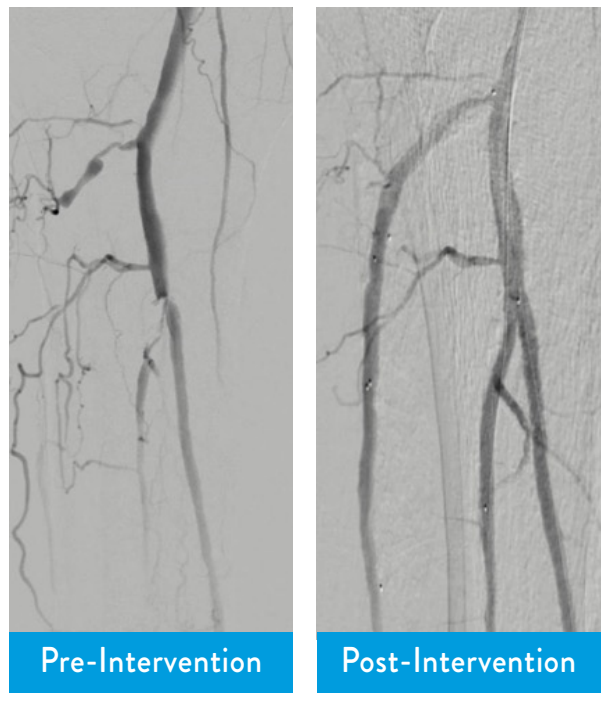
INTRODUCTION
A high-risk patient with chronic limb-threatening ischemia (CLTI) presented with gangrenous toe disease and severe infrapopliteal atherosclerosis. Given multiple predictors of poor outcome, durable BTK revascularization was required to enable wound healing and limb preservation.

PATIENT PRESENTATION
57-year-old male presents with right first-toe gangrene and extensive comorbidities including CAD, ischemic cardiomyopathy (EF 30–40%), ESRD on hemodialysis, ventricular tachycardia with ICD, hypertension, hyperlipidemia, chronic anemia, and poor nutritional status. ABI was 0.36 with no palpable pedal pulses.

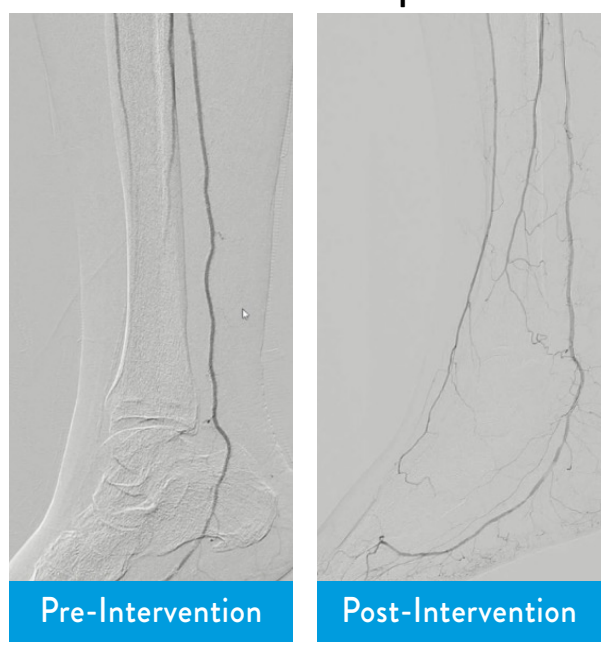
PROCEDURAL OVERVIEW
Following antegrade crossing and IVUS-guided vessel preparation with balloon angioplasty, the AT vessel was treated using 4 overlapping Esprit™ BTK scaffolds (three 3.0 x 38 mm and one 3.5 x 28 mm) deployed distal-to-proximal to ensure complete lesion coverage and post-dilated with NC balloon. An additional 3.0 x 28 mm Esprit™ BTK Scaffold was placed in the peroneal artery and postdilated with an NC balloon.

RESULTS AND FOLLOW-UP
Final angiography showed brisk inline flow through treated BTK vessels and restoration of distal perfusion. ABI improved to 0.78 post-procedure. Sutures were removed at 2.5 weeks, and the amputation site was fully healed by 4 weeks.

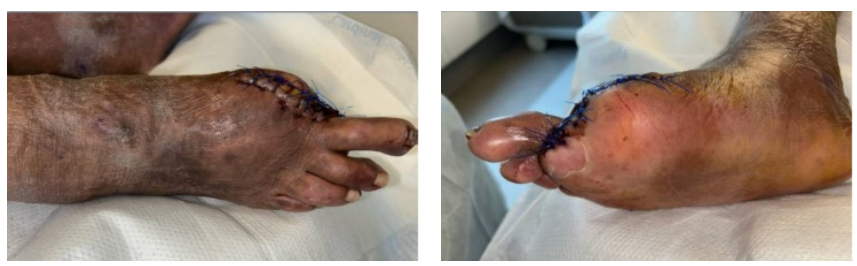
BTK Multivessel Disease



Distal BTK Disease with Impaired Runoff



CONCLUSION
This case demonstrates that optimized lesion preparation and stacking of multiple Esprit™ BTK scaffolds can enable durable revascularization and compelling wound healing, even in patients with extensive BTK disease and multiple predictors of poor outcome.



Clinical Outcome (Wound Healing)

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