

Spur® Stent System Used to Treat Disease in the Proximal AT

CASE HISTORY

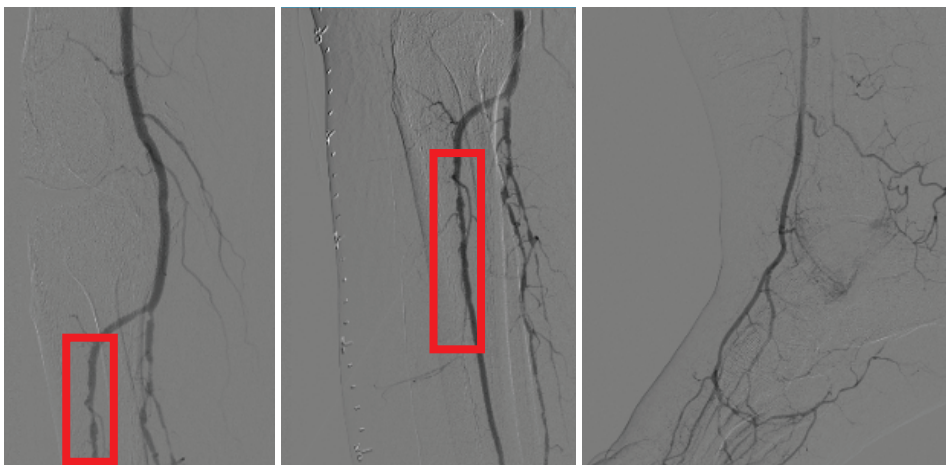
A 70-year-old male presented to the clinic with a history of coronary artery disease (CAD), Type II diabetes, and hypertension. Rutherford Class 5, Ankle Brachial Index (ABI) 0.82, Toe Brachial Index (TBI) 0.58, and a prior non-healing amputation of the right fifth digit. At baseline, he reported moderate pain and discomfort due to disease progression.



Baseline foot wound

PROCEDURE

Angiography showed open inflow vessels with adequate flow through the superficial femoral artery (SFA) and popliteal artery. Disease noted in tibial arteries with a 70–90% stenosis in a segment of the anterior tibial (AT) artery, with subsequent in-line flow to the foot. It was decided to treat a 60 mm segment in the proximal AT with a 4.0 × 60 mm Spur Peripheral Retrievable Stent System.



Baseline angiography

PHYSICIAN



Kevin Herman, MD

Vascular and Interventional Radiologist,
Premier Endovascular and Holy Name
Medical Center

"The Spur changes lesion morphology and prevents vessel recoil."

Dr. Herman earned his medical degree from Rutgers Medical School; completed his medical internship at Staten Island University Hospital; his diagnostic radiology residency at Saint Barnabas Medical Center, and his interventional radiology fellowship at Montefiore Medical Center, Albert Einstein College of Medicine.

Dr. Herman is board certified in radiology and holds two patents on interventional radiology devices. He is a member of the Society of Interventional Radiology and the CLI Global Society (Communications Committee Chair).

PRODUCTS USED



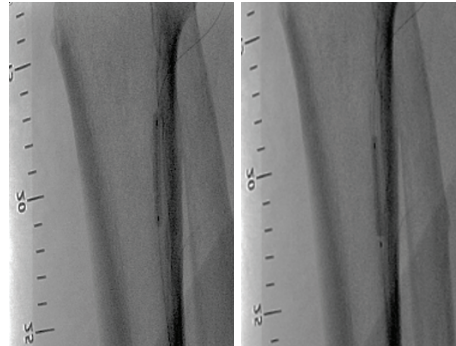
Spur®

PERIPHERAL RETRIEVABLE STENT SYSTEM

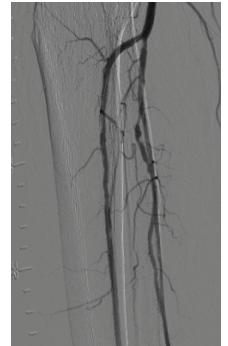
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An integrated balloon was inflated to 6 atm for 2 minutes, then deflated. The Spur Stent was deployed for 3 minutes to allow blood flow. The balloon was reinflated at 6 atm for 1 minute. After deflation, the Spur Stent was recaptured and removed. Angiography showed post Spur <30% residual stenosis and no post-dilatation was needed.

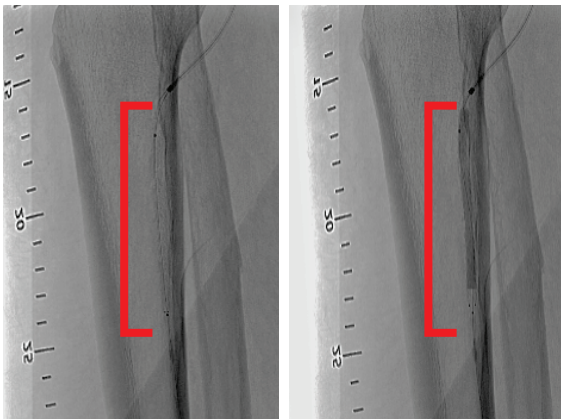
The reference vessel diameter (RVD), thought to be 3 mm based on a visual estimate, was predilatated with a 3.0 × 40 mm balloon with two sequential inflations. Post-treatment reassessment showed the RVD to be 4 mm.



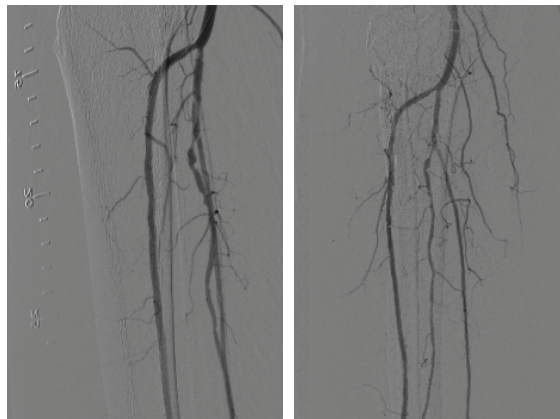
Predilatation (17–23 cm ruler markings)



Post pre-dilatation



The target lesion treated by the Spur Stent.



Post-Spur treatment runoff with <30% residual stenosis.



Wound at 30 days



Wound at 3 months

CASE CONCLUSION

At 30 days post index procedure, partial healing is already noted. At 3 months, the wound has completely healed. Patient improved to Rutherford Class 0, with an ABI of 1.14, and TBI improved to 0.72. He reported no pain or discomfort at 3-month follow-up visit. At 6 and 12 months, no new wounds had developed and both ultrasounds show the target lesion was still patent. The patient remains pain-free and reports no problems walking.