

Spur® RST Achieves Triple-Vessel Runoff in CLTI with Extensive Below-the-Knee Calcification

CASE HISTORY

A 74-year-old woman with chronic limb-threatening ischemia (CLTI) of the left foot presented with open wounds of the left heel and third toe, along with rest pain, onset in January 2026. Her past medical history included a prior left common iliac artery stent; left common femoral artery patch repair; coronary artery bypass graft (CABG) × 4 in 2019; heavy tobacco use; hypertension; hyperlipidemia; carotid stenosis; adrenal insufficiency treated with chronic prednisone therapy, and anemia of chronic disease (hemoglobin 10.0).

PROCEDURE

Baseline

The procedure was performed via left proximal superficial femoral artery (SFA) antegrade access with a 6 Fr × 45 cm sheath. Baseline angiography confirmed heavily calcified, diffuse stenoses throughout both tibial vessels (Figures 1A, 1B).

Lesion Characteristics

Heavily calcified stenoses were identified throughout the proximal, mid, and distal posterior tibial (PT) artery extending to the common plantar branch, as well as throughout the anterior tibial (AT) artery and dorsalis pedis (DP).

Vessel Preparation

Vessel preparation was performed throughout the PT and AT prior to Spur Stent deployment, including Shockwave Javelin IVL and predilatation with a 2.5 × 240 mm balloon in the PT and a 2.0 × 240 mm balloon in the AT.

Spur Deployment — Posterior Tibial Artery

The left PT artery was treated with the Spur 3.0 × 65 mm with Retrievable Scaffold Therapy (RST). The Spur was deployed and recaptured sequentially from the common plantar to the proximal PT artery, up to the ostium (Figures 2A, 2B).



Figure 1A



Figure 1B

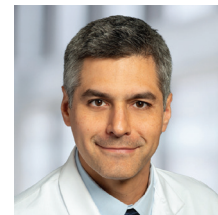


Figure 2A



Figure 2B

PHYSICIAN



Andres Vargas Estrada, MD, FACC, FSCAI, FISM

Interventional Cardiologist and Endovascular Specialist, Director of Vascular Interventions, BJC-Saint Luke's Hospital Mid America Heart Institute in Kansas City and Lee's Summit, MO

"Seeing this patient walk out pain free with healed wounds is exactly the outcome we were working toward. The Spur Stent gave us the luminal gain we needed to get there."

Dr. Vargas received his Doctorate of Medicine at Universidad de Guayaquil in Ecuador and completed his Residency at Louisiana State University-Shreveport, LA. He completed Fellowships in Cardiovascular Medicine and Interventional Cardiology at U. of Iowa and Advanced Interventional Endovascular Disease Cardiovascular Institute of the South. Dr. Vargas currently practices at Mid America Heart Institute at Saint Luke's Hospital in Kansas City.

PRODUCTS USED



PERIPHERAL RETRIEVABLE STENT SYSTEM

Spur® RST Achieves Triple-Vessel Runoff in CLTI with Extensive Below-the-Knee Calcification

Spur Deployment — Anterior Tibial Artery

The left AT artery was then treated with the Spur deployed and recaptured sequentially from the distal AT to the proximal artery up to the ostium (Figures 3A, 3B). The case was completed with balloon angioplasty to the pedal loop from the lateral plantar to the distal tibial artery across the left dorsalis pedis.

RESULTS

Post-procedure angiography demonstrated restored luminal diameter throughout both tibial vessels with triple-vessel runoff to the left foot (Figures 4A, 4B). Visible increase in luminal diameter in the Spur-treated segments was clearly appreciable.

At one month follow-up, wound healing was confirmed at the left heel and third toe (Figures 5A, 5B). The patient reported complete resolution of pain and had returned to walking normally.

CASE CONCLUSION

At one month, the patient presented with healed wounds, complete resolution of pain, and a return to normal daily activity.



Figure 3A



Figure 3B



Figure 4A

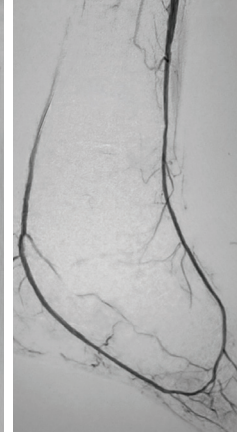


Figure 4B



Figure 5A



Figure 5B