



AMPHILIMUS™ ELUTING CORONARY STENT

EFFICACY FREE FROM LIMITS



Product Case Report

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Cre8 implantations in an insulin dependent diabetic patient in dialysis.

Patient characteristics. Male, 78 years old, previous history of coronary artery disease. Co-morbidities: diabetes mellitus (insulin dependent) and severe kidney disease (dialysis). PCI on September 2010: right coronary artery reconstruction via sequential 2nd generation everolimus DES implantations. In August 2011 the patient come back to the hospital with unstable angina.

Baseline angiography. Diffuse occlusive long lesion in the right coronary artery involving the area of 2nd generation DES implantation (Fig. 1).

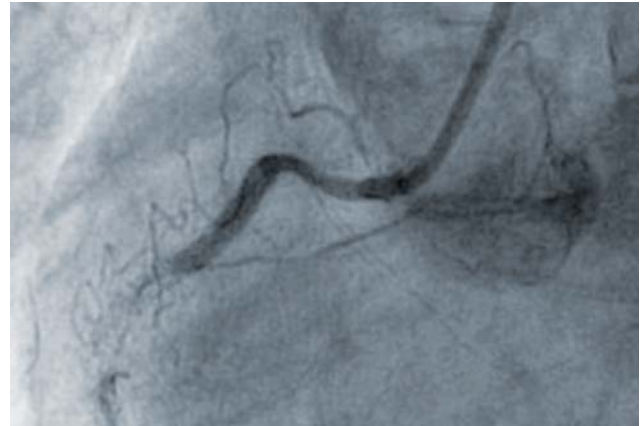


Figure 1. RCA Pre-PTCA. Diffuse occlusive lesion

Procedural data. A pre-dilatation was performed with multiple inflation of a PTCA balloon (3.0 mm) along the RCA (Fig. 2). A drug eluting balloon (3.0x40 mm) was dilated in the proximal RCA (Fig. 3). The distal RCA was treated with a Cre8 (3.0x31 mm) (Fig. 4). In order to optimize the PTCA results, a Cre8 (3.5x20 mm) was implanted in the mid-RCA (Fig. 5).

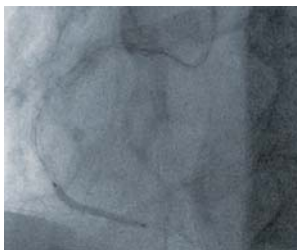


Figure 2. Predilatation with 3.0 compliant balloon

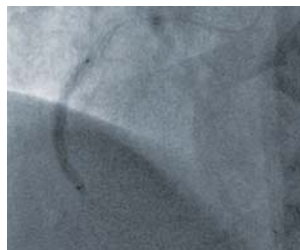


Figure 3. Dilatation with 3.0/40 DEB

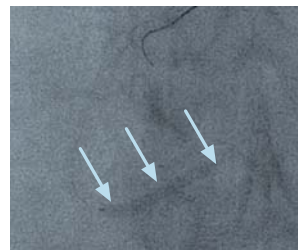


Figure 4. CRE8 3.0/31 in the distal-RCA

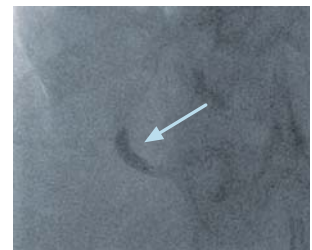


Figure 5. CRE8 3.5/20 in the mid-RCA

PCI result. Excellent final result was obtained with a complete reconstruction of the right coronary artery (Fig. 6).

PCI follow-up (6 months). The six months follow up confirms a good artery patency with superb outcomes in the area where the Cre8s were implanted. These results are in line with those obtained with the CID polymer-free platform in the NEXT randomized study diabetic sub-group (Fig. 7).

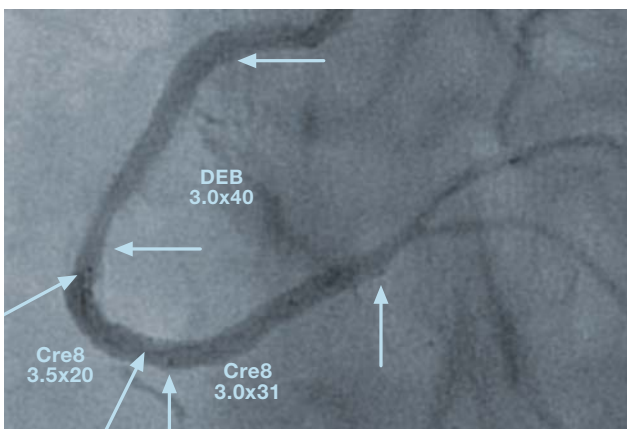


Figure 6. Final result

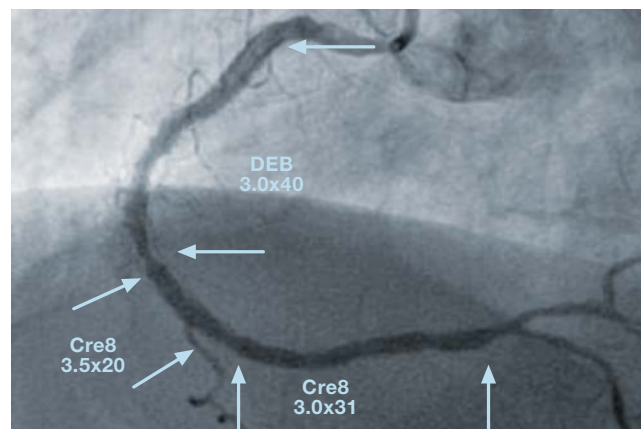


Figure 7. Angiography at 6-months