

# In-stent restenosis

When a part of an [artery](#) with a [stent](#) gets blocked, it's called in-stent [restenosis](#) (ISR). When a [blood clot](#), or [thrombus](#), forms in a part of an artery with a stent, it's called an in-stent thrombosis (IST).

[Optical coherence tomography](#) (OCT) imaging demonstrates that [calcification](#) is an essential [risk factor](#) for intracranial In-stent restenosis (ISR). These findings have important implications for individualized treatment. They provide valuable insights for optimizing stent design and exploring potential mechanisms of intracranial ISR <sup>1)</sup>

To manage in-stent restenosis, various treatment options can be considered, depending on the severity of the condition. These may include:

**Medications:** [Antiplatelet](#) drugs and other medications can be prescribed to prevent blood clots and manage risk factors like high blood pressure and high cholesterol.

**Angioplasty:** A procedure similar to the initial stent placement, where a balloon catheter is used to widen the narrowed blood vessel. In some cases, a new stent may also be placed during this procedure.

**Drug-Eluting Stents:** These are stents coated with medications that help reduce the risk of restenosis by inhibiting cell growth and inflammation.

**Bypass Surgery:** For more severe cases, where the restenosis is widespread or other treatments are not effective, bypass surgery may be considered. This involves creating a new pathway for blood to flow around the narrowed or blocked artery.

<sup>1)</sup>

Li T, Xu R, Ma Y, Wang T, Yang B, Jiao L. Calcification is a risk factor for intracranial in-stent restenosis: an optical coherence tomography study. J Neurointerv Surg. 2023 Aug 3;jnis-2023-020624. doi: 10.1136/jnis-2023-020624. Epub ahead of print. PMID: 37536931.

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