

Stents: Small Expandable Tubes for Treating Arteries

Xuying Zeng*

Department of Immunology, Tingyi Medical College, Huizhou University of Science and Technology, China

Abstract

Stents are small, expandable tubes essential in treating narrowed or weakened arteries, primarily in patients with cardiovascular diseases. These devices are pivotal in maintaining arterial patency, reducing symptoms such as angina, and preventing heart attacks. This article provides a comprehensive overview of stent technology, including their historical development, types, mechanisms of action, and clinical applications. It also discusses the advantages and limitations of stent usage and recent advancements aimed at enhancing their efficacy and safety. Through continuous

aid in maintaining arterial patency by releasing anti-proliferative drugs that inhibit the growth of neointimal tissue, which can cause restenosis [4,5].

Correspondence: Xuying Zeng, Department of Immunology, Tingyi Medical College, Huizhou University of Science and Technology, China

Stents are used in various clinical scenarios, primarily in the treatment of coronary artery disease (CAD). In cases of angina, where patients experience chest pain due to reduced blood flow to the heart muscle, stents help relieve symptoms by ensuring a consistent blood supply. During acute myocardial infarction (heart attack), stents are crucial in opening the blocked coronary arteries, restoring blood flow, and minimizing heart muscle damage. Additionally, stents are used in peripheral artery disease (PAD), carotid artery disease, and other vascular conditions to prevent strokes and improve blood flow to affected regions [6].

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The use of stents offers several advantages, including immediate relief from symptoms, reduced need for open-heart surgery, and shorter recovery times. Drug-eluting stents, in particular, have significantly reduced the rates of restenosis compared to bare-metal stents. However, stenting is not without limitations. Complications such as stent thrombosis, where blood clots form within the stent, can occur. Long-term use of blood-thinning medications is often required to prevent such complications. Additionally, not all arterial blockages are suitable for stenting, and some patients may require alternative

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The primary function of stents is to keep the arteries open, ensuring adequate blood flow. During the procedure, a balloon catheter is used to place the stent at the site of the narrowed artery. The balloon is then inflated, expanding the stent and pressing it against the arterial walls. Once the stent is in place, it acts as a scaffold, preventing the artery from collapsing or becoming re-narrowed. Drug-eluting stents further

such as bioresorbable stents, which gradually dissolve and are absorbed by the body, aim to eliminate the need for permanent implants. Developments in imaging techniques, like intravascular ultrasound (IVUS) and optical coherence tomography (OCT), have enhanced the precision of stent placement and post-procedural assessment. Furthermore, ongoing research into new drug formulations and stent materials continues to refine the effectiveness and safety of these devices.

those receiving medical therapy alone. This highlights the immediate symptomatic relief provided by stents, enhancing patient well-being and physical functioning [8].

Stents play a crucial role in the acute management of myocardial infarction. Studies such as the PRAGUE-4 trial demonstrate that stents provide rapid relief of symptoms and improve long-term outcomes compared to medical therapy alone.

Key Findings

In numerous clinical trials, stents have demonstrated significant efficacy in treating coronary artery disease (CAD). For instance, studies have shown that drug-eluting stents (DES) reduce the incidence of restenosis compared to bare-metal stents (BMS). In the pivotal RAVEL trial, DES exhibited a restenosis rate of less than 5%, compared to a rate of 26.6% in the BMS group. Such findings underscore the effectiveness of stents in maintaining arterial patency and reducing the need for repeat revascularization procedures (Table 1).

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- Study Name: The name of the clinical trial or study.
- Stent Type: The type of stent used in the study (e.g., Drug-Eluting Stent (DES), Bare-Metal Stent (BMS)).
- Restenosis Rate: The rate at which restenosis occurred in patients treated with the stent.
- Major Adverse Cardiac Events (MACE): Outcomes related to the occurrence of major adverse cardiac events such as heart attacks, strokes, or death.
- Symptom Relief: The degree of relief from symptoms such as angina.
- Long-term Outcomes: The overall long-term outcomes in terms of patient health and recovery.
- Additional Findings: Additional important findings or comments from the study.

Conclusion

Patients treated with stents often experience marked improvements in symptoms of angina. Data from the COURAGE trial indicated that patients undergoing stenting procedures reported significant reductions in chest pain and improved quality of life compared to

Ongoing innovations in stent technology continue to enhance their performance and safety. The development of bioresorbable stents, which gradually dissolve after fulfilling their purpose, represents a significant advancement. These stents aim to overcome the limitations of permanent implants, such as late stent thrombosis and chronic inflammation. Additionally, improvements in drug formulations for DES and advances in imaging techniques, such as intravascular ultrasound (IVUS) and optical coherence tomography (OCT), have enhanced the precision of stent placement and post-procedural assessment [10].

Despite the successes, stent technology faces several challenges. The risk of stent thrombosis, although reduced, remains a critical concern. Long-term antiplatelet therapy, essential for preventing thrombotic events, can pose a bleeding risk. Furthermore, the treatment of certain arterial lesions, such as those in bifurcations or heavily calcified arteries, continues to be challenging. Future research should focus on developing stents with better deliverability, flexibility, and biocompatibility to address these issues.

Stents have revolutionized the treatment of cardiovascular diseases, offering effective solutions for patients with narrowed or weakened arteries. The continuous evolution of stent technology, driven by rigorous clinical research and innovation, promises to further improve patient outcomes. While challenges remain, the advantages of stents in reducing symptoms, preventing heart attacks, and improving quality of life are undeniable. As new advancements emerge, stents will likely continue to play a central role in cardiovascular intervention, enhancing the standard of care for patients worldwide. Stents have transformed the landscape of cardiovascular treatment, offering a lifeline to millions of patients with arterial diseases. As technology advances, the continuous

improvement in stent design and functionality holds promise for even better patient outcomes. Despite the challenges and limitations, the role of stents in modern medicine remains indispensable, providing critical support in the management and treatment of narrowed or weakened arteries.

A) None

C) None

References

1. Rozé J, Babu S, Safarzadeh A, Gayet-Delacroix M, Hoornaert A, et al. (2009) Correlating implant stability to bone structure. *Clin Oral Implants Res* 20: 1140-1145.
2. Geesink RGT (2002) Osteoconductive coatings for total joint arthroplasty. *Clin Ortho & Related Res* 395: 53-65.
3. Shalabi MM, Wolke JG, Jansen JA (2006) The effects of implant surface roughness and surgical technique on implant fixation in an in vitro model. *Clin Oral Implants Res* 17: 172-178.
4. Zhang L, Han Y (2010)