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Traditional risk factors e.g. sex, diabetes mellitus, hypertension, hyperlipidemia, cigarette smoking and family history of cardiovascular disease are often present in patients with cardiovascular disease, but they predict <50% of all further cardiovascular events. Inflammation plays a crucial role in the pathogenesis of arteriosclerosis. Recurrent or chronic viral or bacterial infection may trigger and maintain an inflammatory process in the vessel wall thus exaggerating the progress of arteriosclerosis. Chlamydia pneumonia was identified to be potential causative or triggering factor for progression of arteriosclerosis. Macrolides are the antibiotic of choice to treat infection with chlamydia pneumonia. Another possible action of Macrolides could be their anti inflammatory effects, therefore, patients with coronary heart disease could perhaps benefit from adding an antibiotic to standard medical treatment.

Acute coronary syndrome, (the leading cause of morbidity or mortality), is a chronic inflammatory process that develops in response to a variety of injuries. A number of microorganisms have
been implicated in its pathogenesis. The strongest evidence to date for an association between an infectious agent and coronary artery disease is that for chlamydia pneumonia. A possible mechanism by which C. pneumoniae may participate in the pathogenesis of atherosclerosis is through immune activation and the initiation of a chronic inflammatory state in the infected arterial wall. Locally secreted inflammatory cytokines trigger a cascade of secondary cellular process that lead to characteristic structural changes. C. pneumonia has been detected in atherosclerotic plaques and in the serum of patients with coronary artery disease. It induces foam cells (the hallmark of early atherosclerosis) and it markedly accelerates this disease process. C. Pneumoniae has been associated with elevated levels of inflammatory cytokines and acute phase reactants.

This study was carried out in ICCU & medicine wards of M.E.B. Medical College, Jhansi. A total 52 patients were included in this study who had acute coronary syndrome. They were assorted into 2 groups. Group “A” consisted of 26 patients with
mean age of 59 years out of which 84.6%, were male. This group received Tablet Roxithromycin 150mg BD X1month.

Group “B” consist of 26 patients out of which 75.4% were males. Patients of group “B” were not given antibiotic & acted as control. After giving Tablet Roxithromycin 150mg BD for 1 month to group A, they were followed up to 6 months. After 6 months of follow up group “A” was compared with group “B”. It was observed that although some beneficial effect of macrolide was seen in group A but it was statistically not significant (P>0.05).

As this study was undertaken for 6 months and size of sample was small. It is imprudent to derive any conclusion.