CONCLUSION
CONCLUSION

In present study although in group “A” the percentage of (15.4%) patients rehospitalization was less as compared to the patients of group “B” (23.1%). However statistically no significant difference (P>0.05) was observed. Probable explanation of this was because sample size was small.

In this study, I found that if there is a beneficial effect of macrolide treatment on top of standard therapy in patients with acute coronary syndrome, it might be very small.

Additional and larger epidemiologic studies need to be performed to establish a causal relationship between infection and acute coronary syndrome. Determination of the actual role of Chlamydiae pneumoniae in acute coronary syndrome may decide the role of specific antichalmydial therapy in the management of this condition.