

Increased levels of high-sensitivity C-reactive protein in coronary artery diseases

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Letter to Editor

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Dear Editor-in-Chief

We read the article “Relationship between high-sensitivity C-reactive protein (hs-CRP) serum levels and the severity of coronary artery stenosis in patients with coronary artery disease (CAD)” written by Seyedian et al., with a great interest.¹ Their results showed that the mean levels of hs-CRP in patients with unstable angina was significantly higher compared to patients with stable angina and patients with normal coronary angiography. It also appeared that the level of hs-CRP in patients with unstable angina is associated with the severity of coronary stenosis. Previously, patients with cardiac syndrome X were detected to have significantly higher plasma hs-CRP level in comparison with the controls.²

This is an interesting study. We believe that these findings will enlighten further studies about the relation between hs-CRP and coronary artery stenosis. But, we would like to make a minor criticism on methodological aspect as follows:

1- The activity of glucose oxidase and cholesterol oxidase-peroxidase, and the levels of white blood cells, blood sugar, triglycerides, cholesterol, blood creatinine, and degree of stenosis on a scale of 0 to 4 were measured. But, the authors did not mentioned applications of these data in the study.

2- Patients were classified into three groups of participants who were enrolled consecutively: patients with stable angina who have angiographic lesions (Group I), patients with unstable angina who had angiographic lesions (Group II), and patients with stable or unstable angina who had

normal coronary angiographies (Group III). They reported that mean levels of hs-CRP in patients with unstable angina was significantly higher compared to patients with stable angina and normal coronary angiography. But we would like to remember this point that the group III, mixture of stable and unstable angina, were missed in final conclusion. According to these results, they should change the name of groups I and II as stable angina with CAD and unstable angina with CAD, respectively; in all of the text and conclusions.

3- Moreover, the number of patients in table 2 is not match with the body of text.

It would be better if the authors explain these issues.

Conflict of Interests

Authors have no conflict of interests.

References

1. Seyedian SM, Ahmadi F, Dabagh R, Davoodzadeh H. Relationship between high-sensitivity C-reactive protein serum levels and the severity of coronary artery stenosis in patients with coronary artery disease. *ARYA Atheroscler* 2016; 12(5): 231-7.
2. Rasmi Y, Seyed-Mohammadzad MH, Raeisi S. Relationship between high sensitivity c-reactive protein and CagA positive helicobacter pylori in cardiac syndrome X. *J Sci Res* 2013; 5(3): 527-33.

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