Results

A total of thirty patients were enrolled in our study (28 males and 2 females), their ages ranged between 41 and 65 years old with a mean age 50 ± 2.2 years. All patients underwent elective single vessel (LAD) PTCA. In addition to the PTCA, elective stenting was done in 22 patients; the diameter of reference vessel was > 2.5 mm in all patients who received stents.

Table (1): The Demographic Data:

No. of patients	30
Males: Females ratio	28: 2
Mean age (years)	50 ± 2.2
Chronic stable angina	14
Post-MI angina	10
Post-CABC angina	2
Post-PTCA angina	4
Hypertension	12
Diabetes mellitus	6
Smoking	14
Hyperlipidemia	17
Family history of premature coronary	9

The biochemical markers:

All patients had normal values for all biochemical markers before the PTCA and all of them followed the blood sampling schedules.

CK-MB (1U):

Typical time curves for serum CK-MB with peak value above the discrimination level (more than twice the basal level) were found in ten of thirty patients (33.3%). The peak values occurred in the first 12 hours post-procedure. The CK-MB was elevated in three of eight patients (37.5%) with PTCA and in seven of twenty two patients (31.82%) with PTCA and stending. In patients with single stent application, CK-MB was elevated in six patients (27.27%) and in one patient (4.45%) with two stents application. As regard the type of lesion, CK-MB was elevated in five of sixteen (31.25%) patients with type A lesion, In four of eleven (36.36%) patients with type B lesion and in one of three (33.3%) patients with type C lesion.

Cardiac troponin –T (ng/ml):

This cardiospecific myocardial protein was elevated in six of thirty (20%) patients and the peak values occurred in the first 48 hours post procedure. Cardiac troponin-T

was elevated in one of eight (12.5%) patients with PTCA and in five of twenty two (22.73%) patients with PTCA and stenting all of the underwent single stent application. As regard type of the lesion, cardiac troponin-T was elevated in three of sixteen (18.75%) patients with type A lesion, three of eleven (27.27%) patients with type B lesion and in zero of three (0%) patients with type C lesion.

Cardiac troponin-I (ng/ ml):

This cardio specific myocardial protein was elevated in seven of thirty (23.3%) patients and the peak values occurred in the first 48 hours post-procedure. Cardiac troponin-I was elevated in one of eight (12.5%) patients with PTCA and in six of twenty two (27.27%) patients with PTCA and stenting. As regard the type of the lesion, cardiac troponin-I was elevated in three of sixteen (18.75%) patients with type A lesion, four of eleven (36.36%) patients with type B lesion and zero of three patients with type C lesion.

The angiograph data and PTCA outcome:

A total of 37 stenoses were subjected to PTCA and in 26 stenoses stents were applied. The mean percent diameter stenosis before the PTCA was 80.95% and the

mean residual stenosis in patients with PTCA was 12.5% but 11.96% in patients with PTCA and stenting.

Table (2): The relation of CK-MB to PTCA versus PTCA and stenting of coronary arteries:

Procedure	CK-MB	
	Normal	*Increased*
PTCA (8)	5 (62.5%)	3 (37.5%)
Stents (22)	15 (68.18%)	7 (31.82%)
P-value		
Significance		

Table (3): The relation of cardiac troponin-T to PTCA versus PTCA and stenting of coronary arteries

Procedure	Cardiac troponin-T	
	Normal	*Increased*
PTCA (8)	7 (87.5%)	1 (12.5%)
Stents (22)	17 (77.27%)	7 (22.73%)
P-value		
Significance		

Table (4): The relation of cardiac troponin I to PTCA versus PTCA and stenting of coronary arteries

Procedure	Cardiac troponin-I	
	Normal	*Increased*
PTCA (8)	7 (87.5%)	1 (12.5%)
Stents (22)	16 (72.73%)	6 (27.27%)
P-value		
Significance		

Table (5): The relation of CK-MB to the type of lesion

Type of lesion	CK-MB	
	Normal	*Increased*
Type A (16)	11 (67.5%)	5 (31.25%)
Type B (11)	16 (72.73%)	4 (36.36%)
Type C (3)	2 (66.66%)	1 (33.33%)
P-value		
Significance		

Table (6): The relation of cardiac troponin-T to the type of lesion

Type of lesion	Cardiac troponin-T	
	Normal	*Increased*
Type A (16)	13 (81.25%)	3 (18.75%)
Type B (11)	8 (72.73%)	3 (27.27%)
Type C (3)	3(100%)	0 (0%)
P-value		
Significance		

Table (7): The relation of cardiac troponin-I to the type of lesion

Type of lesion	Cardiac troponin-I	
	Normal	*Increased*
Type A (16)	13 (81.75%)	3 (18.75%)
Type B (11)	7 (63.64%)	4 (36.36%)
Type C (3)	3 (100%)	0 (0%)
P-value		
Significance		