

A comparative study of plasma Low-Density Lipoproteins and Lipoprotein (a) levels in Patients with acute coronary vascular disease

SOHAIB AKBAR¹, RABEA RASHED², YASIR RAHEEM MALIK³, KASHIF AZIZ AHMAD⁴, UZAIR MUMTAZ⁵, ARSLAN SHUJA⁶

¹Senior Registrar Medicine, Lahore General Hospital Lahore, Pakistan.

²Senior Registrar Cardiology Punjab Institute of Cardiology Lahore, Pakistan.

³Senior Registrar Medicine Sir Ganga Ram Hospital Lahore, Pakistan.

⁴Associate Professor of Medicine Lahore General Hospital Lahore, Pakistan.

⁵Associate Professor of physiology Department Fatima Jinnah Medical University Lahore, Pakistan.

⁶Institute of Molecular Biology & Biotechnology, The University of Lahore Pakistan.

Corresponding author: DrSohaib Akbar: sohaibdr@yahoo.com, Cell :+92321-4200962

ABSTRACT

Main purpose of present study was to find out the relationship between coronary heart diseases and lipoprotein (a). In this study the relationship among these parameters were observed in the individuals of Group A and individuals of Group B. Serum Lp(a) (56.10 ± 9.11 , 7.4 ± 6.10), Cholesterol (298 ± 12.8 , 160 ± 10.7), triglyceride (220 ± 5.12 , 148 ± 8.11), low density lipoproteins (190 ± 3.10 , 120 ± 2.10) and High density lipoproteins (30 ± 12 , 120 ± 2.10 , 45 ± 16) levels of Group A and Group B represented a significant changes.

Keywords: Lipoprotein (a), low density Lipoprotein (LDL), Atherosclerosis.

INTRODUCTION

Lipoproteins are specific and special molecules formed by droplets of fats surrounded by a single layer of phospholipid (Rissanen *et al*; 2003). Lipoproteins molecule has both polar and non-polar ends. Chylomicrons, intermediate density lipoproteins (IDL), high-density lipoproteins (HDL), low-density lipoproteins (LDL), very low-density lipoproteins (VLDL) are different classes of lipoproteins and this classification is based on density, electrophoretic mobility and nature of Apo protein content. The movement of lipoproteins depends on the size of protein attached, minimum protein content move faster while higher protein content move slower (Weitz *et al*; 2010).

Before 40 years ago Lp(a) was first identified as variant of low density lipoprotein (LDL) and it was considered as biomarker of coronary heart disease (CHD). Pathologically it has proved that like low-density lipoprotein (LDL), Lp(a) also involved in the development of coronary heart diseases (Tanna *et al*; 2013). Lipoprotein (a) [Lp(a)] is a unique lipoprotein that has emerged as an independent risk factor for developing vascular disease. Researchers from the last two decades are conducted research by different angles and providing information about the role of Lp(a) in developing cardiac problems (Aiyer *et al*; 2007).

It has concluded in the light of different studies by many researchers that coronary vascular disease (CVD) is a worldwide case of death in population (Chaturvedi; 2003). It has seen that 6.2% Pakistani people were died with coronary vascular diseases. Current studies claimed that Lipoprotein, [Lp(a)] is a very strong risk factor among patients with coronary vascular disease. Raised serum levels of low-density lipoprotein, high-density lipoproteins and cholesterol are very dangerous and after deposition in the blood vessels caused atherosclerosis (Kountz and Levine; 1998). It has concluded through different studies

that lipoprotein Lp(a) is considered as a genetically determined variant of LDL (Kountz and Levine; 1998).

MATERIALS AND METHODS

Present study was conducted in the Medical Units of General Hospital Lahore and in this study controlled cases were considered. In current study one hundred and fifty individuals were selected and divided them into Group A and Group B. 100 individuals were placed in Group A and 50 healthy individuals were placed in Group B. In Group A all the individuals have acute coronary vascular diseases. 3 ml of blood was collected from the antecubital vein of each individual and stored in different vacutainers for different analysis. Different standard kits were used in colorimetric method of parameters analysis. Raw data was analyzed by applying the model (SPSS-20). Raw data represented Bio-statistically through SPSS-20 by standard mean deviations of different variables.

RESULTS

In the results the serum levels of Lp(a) (56.10 ± 9.11 , 7.4 ± 6.10), Cholesterol (298 ± 12.8 , 160 ± 10.7), triglyceride (220 ± 5.12 , 148 ± 8.11), low density lipoproteins (190 ± 3.10 , 120 ± 2.10) and High density lipoproteins (30 ± 12 , 120 ± 2.10 , 45 ± 16) were significant comparatively and a remarkable change was seen in the levels of these variables in individuals of Group A than the individuals of Group B.

Group A: 100 individuals with acute coronary vascular diseases

Parameters	Units	Mean \pm SD	P value
Lp(a)	mg/dl	56.10 ± 9.11	0.00
Cholesterol	mg/dl	298 ± 12.8	0.00
Triglycerides	mg/dl	220 ± 5.12	0.00
LDL	mg/dl	190 ± 3.10	0.00
HDL	mg/dl	30 ± 12	0.00

<0.005

Group B: 50 healthy individuals (control group) (n= 50)

Parameters	Units	Mean \pm SD	P value
Lp(a)	mg/dl	7.4 \pm 6.10	0.00
Cholesterol	mg/dl	160 \pm 10.7	0.00
Triglycerides	mg/dl	148 \pm 8.11	0.00
LDL	mg/dl	120 \pm 2.10	0.00
HDL	mg/dl	45 \pm 16	0.00

<0.005

DISCUSSION

Present geographical and epidemiologic evidences represented that serum lipid profile and lipoprotein (a) levels are directly related with a higher risk for cardiovascular disease (Weitz *et al*; 2010). Different researchers stated that the high serum lipid profile and lipoprotein (a) levels are major life threat in coronary vascular diseases (Al-Harbi 2004). Researchers stated in their studies and suggested that the chances of coronary heart diseases become increased with the high levels of lipoprotein (a) and with changed lipid profile (Chaturvedi ; 2003). Present study represented a significant change of different parameters in individuals with acute coronary vascular diseases (Tanna *et al*; 2013). It was seen that Serum Lp(a) (56.10 \pm 9.11), Cholesterol (298 \pm 12.8), triglyceride (220 \pm 5.12), LDL (190 \pm 3.10) and HDL (30 \pm 12) levels of Group A individuals with coronary heart diseases were represented a significant changes than the Group A. Ganesh *et al*, 2013 represented very similar results in their study as presented in this study.

REFERENCES

1. Ganesh M, Palaneeswari SM, Karthikeyan T (2013). Bio-Markers Assay in Acute Myocardial Infarction- A Cross Sectional Study. *Int J Pharm Bio, Sci*; 4(4): 1139-1142.
2. Chaturvedi N. (2003) Ethnic Differences in Cardiovascular Disease. *Heart*, 89(6): 681-686.
3. Weitz D, Weintraub H, Fisher E, Schwartzbard AZ. (2010). Fish Oil for the Treatment of Cardiovascular Disease. *Fish Oil for the Treatment of Cardiovascular Disease. Cardiol Rev*, 18(5): 258-263.
4. Tanna N, Srivastava R, Tanna V, Vaishnani H (2013). The Role of Unknown Risk Factors in Myocardial Infarction. *IJBAR*, 4 (6): 430-434.
5. Rissanen TH, Voutilainen S, Nyyssonen K, (2003). Serum lycopene concentrations and carotid atherosclerosis: the Kuopio Ischaemic Heart Disease Risk Factor Study. *Am J Clin Nutr*; 77:133-8.
6. Aiyer A.N., Kip K.E., Marroquin O.C., Mulukutla S.R., Edmundowicz D., Reis S.E (2007). Racial differences in coronary artery calcification are not attributed to differences in lipoprotein particle sizes: the Heart Strategies Concentrating on Risk Evaluation (Heart SCORE) Study. *Am Heart J*; 153:328–334.
7. Kountz D.S., Levine S.L (1998). Cardiovascular risk profiling in blacks: don't forget the lipids. *Am Fam Physician*; 58:1541–1542.
8. Al-Harbi AM (2004). Frequency of Risk Factors for Coronary Heart Disease Among Diabetic Patients in Al-Rabwah PHC Center in Riyadh. *Journal of Family & Community Medicine*; 11(2):53-58.