

exaggerated production of both IL-6 and CRP after PTCA and after coronary angiography. This suggests that plaque rupture is not a crucial mechanism in the inflammatory process in acute coronary syndromes, and confirms that the inflammatory system may hyper-react to different stimuli.

3.5 Conclusions

Inflammation is a major finding in unstable angina and infarction, and may represent a leading cause of destabilization. No information is yet available on the causes of inflammation, or on its systemic or coronary localization, however accumulating evidences indicates that serological markers of inflammation, and in particular the prototypic acute phase protein CRP may be clinically useful in the prognostic stratification, and, in the near future in the tailoring of appropriate therapy to patients with acute coronary syndromes.

Recommended literature:

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- 4 Biasucci LM, Vitelli A, Liuzzo G, Altamura S, Caligiuri G, Monaco C, Rebuzzi AG, Ciliberto G, Maseri A. Elevated levels of interleukin-6 in unstable angina. *Circulation* 1996; 94:874-7.
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- 6 Ridker PM, Cushman M, Stampfer MJ, Tracy RP, Hennekens CH. Inflammation, aspirin, and the risk of cardiovascular disease in apparently healthy men. *N Engl J Med* 1997; 336:973-9.