

percentage (~30%) of patients seen in the emergency department with symptoms of chest pain cannot perform adequate treadmill exercise. In these patients we perform vasodilator myocardial perfusion imaging.

Our study examined the usefulness of resting myocardial perfusion imaging *alone* for triaging patients with chest pain and nondiagnostic electrocardiograms. We believe that optimal protocols for evaluating patients with chest pain in emergency department chest pain units should incorporate *combined* discriminative use of biomarkers of cardiac injury, radionuclide myocardial perfusion imaging, and stress testing. There is a need for the development guidelines for optimal use of various diagnostic resources for effective management of low risk patients with chest pain syndromes (9).

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### Plasma Lipoprotein (a) and Severity of Angiographic Coronary Artery Disease

A recent study published in your Journal by Schwartzman et al. (1) in 129 white patients (43 women) undergoing coronary angiography for chronic stable angina reported significantly higher plasma Lp(a) levels in those patients showing significant coronary artery disease stenoses. However, this difference failed to achieve statistical significance in men and Lp(a) concentrations did not differ significantly among patients with one-, two- and three-vessel disease.

A study based on a population of 132 men younger than 50-years old who were consecutively diagnosed with coronary artery disease (angina or infarction) and underwent coronary angiography was recently carried out by our group in Spain. No patients received niacin or nicotinic acid therapy. A vessel score according to the number of major epicardial vessels was performed and coronary artery stenoses greater than 50% were considered as significant. Plasma Lp(a) was measured using a commercially available ELISA (Tint Elize Lp(a) strip-well format). Lp(a) data are expressed as median (5th and 95th percentiles) and the statistical analysis was performed using the Kruskal-Wallis test.

The results are summarized in the following Table 1:

**Table 1.** Relationship between Vessel Diseases and Lp(a) Value

Vessel score	No. of patients	Lp(a) mg/dL	P Value
0	13	12 (1.5-75)	0.003
1	49	27 (2.5-96)	
2	42	34 (7-90)	
3	28	63 (2-116)	

In conclusion, our investigation in men less than 50-years old who were hospitalized because an acute coronary syndrome showed significant higher Lp(a) levels according to the number of diseased coronary vessels.

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