Abstract

Introduction: C- reactive protein (CRP) value can identify the risk level for acute coronary syndrome (ACS). Ivabradine, a selective inhibitor of the funny current channel, reduces resting and exercise HR without affecting cardiac contractility or blood pressure.

Aim of work: evaluate the influence of Ivabradine on long term prevention of major adverse cardiac events (MACE) using high sensitivity crp (hs CRP) Methodology : 60 pts admitted with ACS over the period of 6 months. cardiac enzymes were withdrawn on admision and every 6 hours thereafter for 24 hours then followed up daily for five days and when indicated. high sensitivity C- reactive protein (hs-CRP)(quantitative value) which was done on day of admission and repeated for follow up at day 4 and at day 30 patients diveded into two groups each 30 pts: group (A) who received conventional therapy & ivabradine, group (B) who recieved conventional therapy only. Ivabradine given Within 48hr of admission 5 mg twice daily upgraded to 7,5 mg twice daily after one week if tolerable Myocardial perfusion imaging (MPI): Patients were subjected to Technetium 99 sesta MIBI Myocardial perfusion imaging (MPI) within 6 to 8 hours after admission and were followed up on day 30 with the same dose of injection using multi-sepct Siemens dual head gamma Camera Results: There were significant variances in Hs-CRP valueat day 30 in both groups (P < 0.001). Patients of group A showed statistically significant lower level of hs-CRP at day 30 compared to group B (0.7 \pm 0.3 mg/dl versus 1.66 \pm 0.9 mg/dl; P value < 0.001) but there was no statistically significant difference between both groups regarding 30 days follow up MACE (P value 0.552).conclusion Adminstration of ivabradine within 48 hours of CCU admission decreased hs-CRP level in patients with acute coronary syndrome (unstable angina).but did not decrease the occurence of major cardiac events in ACS patients.

Key Words:

Ivabradine - C-reactive Protein Level .