

Association between 207 older and females be evidence of corona and (mean age of 65.5 years old) w and seropositivity for the antigens of *H. pylori* and *Chlamy pneumoniae*. The major hos pylori and *Chlamy pneumoniae* in those patients w normal patients and 141 pa infection according to angiography. rest CAD were defined as having 0

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**I**n 1970, experimental infection of avian influenza his chickens with an avian herpes virus caused intestinal sympt to produce arterial disease that resembled patients, 10 cc o atherosclerosis. From that time, several studies were from e done on *Helicobacter pylori* infection. *Spirillum* stored pneumoniae (*Ch. Pneumoniae*) in the oral cavity, the and periodontal infections, and differences, wer results investigated for *H. pylori* specif

In 1994, Mendall et al<sup>2</sup> reported by the city, menked in an association between *H. pylori* infection and G, sero coronary artery disease (CAD). Although a randomized cu studies were performed which confirmed Mendall's associat theory while some rejected his theory of 91% and a spe

Several studies have provided *Chlamy pneumoniae* IgG, titer causal relationship between HSA and MAAD. Adurer's re has been hypothesized that *H. pylori*-associated chro

chronic inflammation of the gastric mucosa already of 96% a elevated plasma levels of Thrombolytic C-reactive protein and leukocytes. Other hypothesized that even patie gastritis induced vitamin B-12 deficiency including 100 males hyperhomocysteinemia. females (57.2% suggest mean age mechanism for *Ch. pneumoniae* is years and a maximum age of this microorganism on the human face was 20 years o

Despite many studies, which have been performed in this to prove the association between *Chlamy pneumoniae* and angiography of *H. pylori* and *Ch. pneumoniae* in atherosclerosis, 68.1% there are still many controversies with remain 45 patier

Two problems are observed in studies of the students (26% which has been carried out on 60% Basal (only 6%) had half of the studies, CAD was not observed in 4% of the 4. vess while in the other half, CAD was present in 20% of the particip other means such as histological microcirculation of *H. pylori* other, non-reliable diagnostic patients. The 9th were *H. pylori*

problem was the lack of the antigenicity of both patients (8 population selected for the antibodies and chronic 141 pati level is one of the important factors in atherosclerosis. *H. pylori* both CAD risk factors and the incidence of *H. pylori* 95%, 1 and *Ch. pneumoniae* infection and this factor was value wit not foreseen in many of the studies. Comparing the extent of *H. pylori* and *Ch. pneumoniae* with atherosclerosis disease

In this study, we investigated the prevalence that 4% of *H. pylori* and *Ch. pneumoniae* with atherosclerosis disease population, with proved CAD (2% and with atherosclerosis disease ?

(83.3%) with 4 vessels disease were *H. pylori* seropositive. ( $\chi^2 = 2.616$ ,  $df = 4$ ,  $p = 0.624$ ). There was no association between *H. pylori* infection and angiographic evidence of CAD. Out of the 207 patients who participated in this study, 166 patients (80.2%) were *Ch. pneumoniae* seronegative and 41 patients (19.8%) were *Ch. pneumoniae* seropositive. Fourteen of 66 patients (21.2%) with normal angiogram and 27 of 141 patients (19.1%) with abnormal angiogram were *Ch. pneumoniae* seropositive ( $p$  value with Fisher's exact test = 0.713,  $\chi^2 = 0.120$   $df = 1$ , chi-square  $p = 0.729$ ). Comparing the extent of CAD with *Ch. pneumoniae* showed that 5 of 45 patients (11.1%) with one vessel disease, 15 of 37 patients (40.5%) with 2 vessels disease, 6 of 53 patients (11.3%) with 3 vessels disease and 1 of 6 patients (16.7%) with 4 vessels disease were *Ch. pneumoniae* seropositive. ( $\chi^2 = 14.678$ ,  $df = 4$ ,  $p = 0.005$ ). There was no association between *Ch. pneumoniae* infection and angiographic evidence of CAD. In contrast to other studies we have not demonstrated an association between *H. pylori* and *Ch. pneumoniae* seropositivity and angiographic evidence of CAD.

Mendall et al<sup>2</sup> in a general practice-based case control study demonstrated an OR of 2.28 (95%, CI =1.25 - 4.15). In contrast, one meta-analysis of 18 studies involving more than 10000 people ,which was performed by Danesh and Peto,<sup>6</sup> showed no significant evidence of correlation between *H. pylori* infection and CAD. In addition, atherosclerosis risk in communities, who studied 15792 patients between 45-64 year-old ,after adjustment for age, gender and race demonstrated adjusted hazard ratio of 0.97 (95%, CI =0.52 - 1.78), which did not show any correlation between this infection and CAD .

This present study has 2 important advantages to other studies; one is the sufficient homogeneity of the social status of the patients. Most of the patients who participated in this study were from a low socioeconomic class with similar hygiene level. Their daily diets were also very similar. Another point in this study is that atherosclerosis was proven in the case group and rejected in the control group by angiography, which is a sensitive and specific technique in diagnosing CAD. There is no significant association between CAD and *H. pylori* and *Ch. pneumoniae* infection.

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## Screening for glucose-6-phosphate dehydrogenase deficiency in Behçet's disease

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Glucose-6-phosphate dehydrogenase deficiency occurs with high frequency in the Middle East.<sup>1</sup> Iraq lies at the center of the Middle East and is well known to have relatively a high frequency of G6PD deficiency. Previous reports from Iraq have estimated the frequency of G6PD deficiency to be 8.9% or 12.4%.<sup>1</sup> However a more recent report using the methemoglobin reduction test has put the frequency at 6.3%.<sup>1</sup>

Another disease, which occurs in the Middle East and particularly in Iraq, is Behçet's disease.<sup>2</sup> Behçet's disease has a well-known association with certain genetic characteristics. Thus, the association between human leukocyte antigen (HLA) B51 and Behçet's disease is well known.<sup>2</sup> More recently an association with genetically controlled slow acetylator status was reported and this was found to be related to the disease severity and HLA B51.<sup>2</sup> Thus in this report we try to answer the question if there is any association between G6PD deficiency and Behçet's disease.

Forty-one Behçet's disease patients, 25 males and 16 females, with ages ranging from 19-46 years, were recruited in the study. Patients were registered