

(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 al² 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,⁶ 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.¹ 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%.¹ However a more recent report using the methemoglobin reduction test has put the frequency at 6.3%.¹

Another disease, which occurs in the Middle East and particularly in Iraq, is Behçet's disease.² 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.² 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 B51.² 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