

## INTRODUCTION

Data concerning the relation between antiphospholipid antibodies and coronary heart diseases in subjects without evidence of overt autoimmune diseases are conflicting (*Vaarala et al., 1995*).

During the past ten years it has been shown that some patients with antibodies to phospholipids develop recurrent venous and arterial thromboses (*Yilmaz et al., 1994*).

The antiphospholipid syndrome is a thrombotic disorder which can occur in a primary form or more classically in systemic lupus erythematosus (*Kelion et al., 1995*).

The importance of serum antiphospholipid antibodies levels in the natural history and prognosis of coronary heart disease is still undetermined and remains to be clarified (*Yilmaz et al., 1994*).

Antiphospholipid antibodies present a clinical problem that is now recognised to be a significant causative factors of both fatal and non fatal myocardial infarction as well as other coronary syndromes. Correct diagnosis requires a high index of suspicion especially in patients with known prior thrombotic events and in those who present with myocardial ischemia or infarction without underlying risk factors and at a young age (*Baker et al., 1994*).