SUMMARY AND CONCLUSION

Beta-blockade is associated with impaired triglyceride clearance, this most probably reflected reduced endothelial lipoprotein lipase activity.

Higher level of triglycerides in patients with coronary heart disease treated with beta-blockade may precipitate the occurrence of hyperamylasemia with or without clinical evidence of pancreatitis.

Hence, the study of pancreatitis in patients with coronary heart disease under beta-blockade is essential as both give chest and abdominal pain and misdiagnosis or association may be a possibility.

The material of this work comprised 30 patients, 18 males and 12 females with age ranging from 35 to 70 years. They were classified into the following groups.

Group I:

Comprised 10 patients with coronary heart disease; 6 males and 4 females, received propranolol.

Group II:

Comprised 10 patients with coronary heart disease; 8 males and 2 females, received atenolol.

Control group:

Comprised 10 subjects with normal E.C.G., 4 males and 6 females. To all of them, the following had been done.

Full medical history taking.

Full clinical examination.

E.C.G. record.

Serum amylase. }
Serum triglycerides. } Before and after beta-blockade.
Serum free fatty acids. }

Abdominal ultrasonography.

Out of the twenty patients with coronary heart disease under beta-blockade, three showed hyperamylasemia.

Cases with hyperamylasemia showed higher levels of serum triglycerides.

The stress of acute myocardial ischemia in the presence of hypertriglyceridemia and associated hypotension as acomplication of beta-blockade share in the pathogenesis of hyperamylasemia with or without clinical evidence of pancreatitis.

So, we recommended, that the serum amylase estimation must be done in all patients with coronary heart disease

treated with beta-blockade especially when accompanied with appearance of atypical upper abdominal pain or even any abdominal discomfort or occurrence of hypotension and also in conditions with persistent chest or upper abdominal pain after acute coronary attack when treated with beta-blockade.