SUMMARY

The present study was designed to determine the effect of colchicine to reduce hs-CRP in patients with acute coronary syndrome and to detect its effect on short term (15 days) clinical outcome after its use in those patients.

During period from ***October 2009 to January 2010***, forty patients were presented by unstable angina to the cardiac care unit of Benha University Hospital and randomized in to groups :G I (included 20 patients and received 40 mg atorvastatin in addition to standard therapy of unstable angina).G II (included 20 patients and received colchicine 0.5 mg twice daily &40 mg atorvastatin for 15 days beside the standard treatment) and patients were excluded if they have any contraindications to colchicine.

Patients were subjected to the following, history including risk factors and past history of ischemic heart disease, physical examination at time of admission and 15 days after, electrocardiogram, echocardiography, and laboratory investigations including CBC, fasting blood sugar, serum urea, creatinine, liver function, complete lipid profile and hs-CRP

The result of the study showed that both Atorvastatin 40mg and Colchicine 0.5mg twice daily reduce hs-CRP but there was significant reduction in hs-CRP in group II who received 40mg atorvastatin and 0.5mg colchicine more than group I who received only 40mg atorvastatin.

Also we found that there were no significant difference in clinical outcome between two groups as regard Canadian Class Score (CCS) & total incidence of complication and short term mortality.

We also observed that occurrence of complication were more among patients with high level of hs-CRP on addmesion which can be used as a predictor of future cardiovascular events.