

## INTRODUCTION

There is an ample evidence that coronary artery disease (CAD) tends to cluster in families (Rissanen, 1979). The major documented risk factors for the development of CAD have important genetic determinant (Morton et al., 1980). They may account to most of familial aggregations of CAD (Rissanen and Nikkila, 1979).

The atherogenicity of circulating cholesterol depends on the distribution of cholesterol in each class of lipoproteins. Elevated levels of cholesterol in the low density lipoprotein (LDL) fraction and decreased amounts of cholesterol in the high density lipoprotein (HDL) fraction are predictive of CAD in adults (Kannel, 1979). However, the protein moieties of the lipoprotein particles may provide an additional information about the risk of the disease. Several studies have found the levels of these apolipoproteins to be more strongly related to clinical disease than the corresponding levels of lipoprotein cholesterol fractions (Brunnell et al., 1984).

Prospective studies are needed to determine the relative merit of the use of levels of apolipoprotein B (Apo-B) and apolipoprotein A-I (Apo A-I) in the prediction of CAD in the general population. But, relevant information concerning the future risk of the disease can be obtained by comparing the relation of levels of serum lipids, lipoprotein cholesterols and

apolipoproteins in children to the incidence and history of CAD in their parents (Newman et al., 1986).

### AIM OF THE WORK

The aim of the work is to study the levels of triglycerides, total cholesterol, low density lipoprotein cholesterol (LDL-c), high density lipoprotein cholesterol (HDL-c), apolipoprotein A (Apo-A) and apolipoprotein B (Apo-B) in sera of sibilings of myocardial infarction patients and to show which is strongly related to the disease in their parents.