INTRODUCTION

Coronary artery disease (CAD) is the single most important disease entity in all over the world (***Farmer and Gotto, 1997***). The development of the concept of risk factors and their relationships to the incidence of coronary artery diseases evolved from prospective epidemiological studies (***Flynn et al ,1999***). Characteristics such as age, sex, cigarette smoking , hypertension , diabetes millets and serum lipids have identified groups at high risk for latter occurrence of angina and myocardial infarction (***Luige et al, 1999***)

Multiple studies had clearly established that high plasma cholesterol level is associated with increased risk of occurrence of coronary artery disease this risk is associated primarily with the cholesterol level of the low density lipoprotein (LDL) fraction . In contrast the cholesterol level of high density lipoprotein (HDL) fraction is important to determine persons of decreased risk (***Reardon et al, 1985***)

Coronary angiography provides detailed dynamic images of the coronary arteries .It has been the gold standard for the evaluation of patients with coronary artery diseases .The compelling images of focal narrowing of the coronary arteries (i.e. stenotic lesions) provide the explanation for myocardial ischaemia of patients with angina . Furthermore the extent and the severity of the angiographic coronary artery narrowing is an indicator of patient prognosis (***William et al 1998***)