

## **Introduction**

Unstable angina is symptom complex comprising a wide clinical spectrum, its pathological basis ranges from mild reversible myocardial ischaemia to life threatening phase of myocardial injury (Fuster et al., 1988).

Despite major therapeutic advances in the last decade, patients with unstable angina are still at high risk of adverse cardiac events (Benamer et al., 1999).

In its entire clinical spectrum serum level of cardiac enzymes (serial measurements) differentiate uninjured myocardium from myocardial infarction (Satej Janokar, et al. 1999)

Cardiac troponin-I is a definite and sensitive marker of myocardial injury, which is not detectable in the blood of healthy subject (Adam, et al. 1994)

Given these features of cardiac troponin-I, patients with unstable angina who are on the verge of myocardial necrosis and linked with an increased risk of death may be identified at preventive stage (Satj, et. al. 1999)

Intracoronary thrombus or complex lesion morphology or both are frequently seen on angiography in patients with acute coronary syndromes (Galvani, et. al. 1997).