INTRODUCTION

Coronary artery disease is the most common cause of morbidity and mortality in women, and in contrary to popular belief, women are five times more likely to die from coronary disease than breast cancer. **(Holdright 1998).**

The optimal strategy for the diagnosis of CAD in women is not well defined.(**Ayanian & Epstein 1991).**

Since gender differences exist in the clinical presentation of CAD and in the sensitivity and specificity of non-invasive testing, coronary angiography remains an invaluable tool in providing diagnostic and prognostic information in women. **(Hochman 1999).**

Several studies are needed to evaluate the complex interplay of clinical, vessel, and lesion characteristics on success and complication of specific interventional techniques to determine whether gender, per se, is a risk factor and whether gender specific interventional strategies may be beneficial.
(Bell et al.1995).

Only few studies fully addressed gender-related extent and localization of coronary artery disease. Even in a leading cardiology textbook from 1997 it was stated that " it is reasonable to *assume* that the assessment of the extent and severity of angiographic coronary narrowing is similar in men and women".
(Roeters van Lennep et al. 2000)