INTRODUCTION

Coronary artery disease (CAD) is a disease of middle and advanced age. In fact, some clinical studies of patients with chest pain have excluded individuals under 40 years of age **(Lee et al., 1985)**.

Nevertheless, CAD has been recognized in young age groups more frequently in recent years. It is a topic of increasing clinical interest due to the potential for premature death and long-term disability **(Chouhan et al., 1993)**.

A disturbing shift of coronary mortality towards younger age groups and a diminishing male/female ratio were also observed **(Lamm, 1981)**.

ACS in the young adults may differ from that in the elderly in viewpoint of history of more cigarette smoking **(Dolder & Oliver, 1975)**, and more male preponderance **(Gurevich, 1968)**.

Significant coronary atherosclerosis in young adults is a relatively rare event and in many instances is associated with one or more of the major risk factors for atherosclerosis **(Zipes and Wallens, 1998)**. At the same time, however, many of these young high risk patients witness a sudden unexpected death, the percentage of which is much higher than that seen in older patients with known CAD **(Berenson et al., 1998)**.

Risk factor analysis in young patients with acute myocardial infarction has shown a particularly high prevalence of smoking compared with that in older patients; that is to say smoking is the most important modifiable risk factor in young patients with acute myocardial infarction **(Franklin et al., 1995)**.

Angiographic studies have demonstrated that coronary morphology is heterogeneous in young post-infarction patients. Significant proportion of these patients had an entirely normal coronary angiogram or apparently non-atherosclerotic lesions. Single vessel disease is also considerably more prevalent in young post-infarction patients **(Klas Malemberg et al., 1994)**.

The long-term prognosis of young patients with myocardial infarction appears to be fairly good in absolute terms, however compared with healthy contemparies, the mortality rate is markedly high **(Klas Malemberg et al., 1994)**.