Letter to the Editor

Aspirin and plasma interleukin-6 in acute coronary syndromes

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The recent study by Manten et al. [1] demonstrates elevated plasma interleukin (IL)-6 concentrations in patients with acute coronary syndromes, and the calculated receiver-operator characteristic curve suggests that this may be diagnostically useful. Whilst these findings appear to confirm those of an earlier study by Biassuci, [2] major differences between patient subgroups suggest the possibility of confounding from other variables. Of note, 72% of patients with stable angina were using aspirin at baseline, compared with only 46% of patients with unstable angina, and 23% of patients with acute myocardial infarction. Aspirin has complex immuno-modulatory effects, mediated by both cyclo-oxygenase (COX) inhibition, and nuclear factor kappa B antagonism. Specifically, IL-6 synthesis is stimulated by prostaglandin E2 via COX-2, [3] and consequently inhibited by aspirin or salicylate metabolites. [4] A recent randomised controlled cross-over trial demonstrated significantly lower plasma IL-6 levels in a small cohort of patients with stable angina, [5] following pretreatment with aspirin 300 mg for 3 weeks. Without controlling for aspirin intake, the diagnostic value of plasma IL-6 in patients presenting with acute coronary syndromes may have been overstated.

References


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