

with acute myocardial infarction.²⁵

In our study, the autoantibody against oxidized LDL was moderately higher in patients with high LDL and high triglyceride, respectively, and markedly higher in patients in the early stage of acute myocardial infarction. We assume that the autoantibody not only can be an independent risk factor in atherogenesis but may also play an important role in the pathogenesis of acute myocardial infarction. We also assume that the binding motif of oxidized-LDL from high-LDL sera differs from that of normal-range LDL sera. Therefore, it may be important to choose the source of oxidized-LDL in the assay of autoantibody against oxidized LDL.

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