**Letters to the Editor**

**Circulating Microparticles From Patients With Coronary Artery Disease Cause Endothelial Dysfunction**

**Micropartículas circulantes de pacientes con enfermedad coronaria causan disfunción endotelial**

**To the Editor,**

In a recent article in Revista Española de Cardiología,1 the author considered the debate about the impact of microparticles (MP), specially ultrafine ones, on the onset of acute coronary syndrome (ACS). However, in order to determine what the exact role of these particles is in the genesis of ACS, as well as to quantify the added risk and its effect on risk stratification of patients with ACS, the authors did not discuss the markers currently available. These are based on demonstrating the presence of endothelial dysfunction associated with this condition. Both experimental and clinical studies have indicated that endothelial dysfunction can be considered as a biomarker, as such dysfunction has been analyzed in different studies as an independent predictor of adverse events occurring in patients diagnosed with ACS.2,3 To this end, plasma levels of CD31+/annexin V+ microparticles have been quantified as a marker of endothelial dysfunction.4,5 This same marker has been assessed recently.6 An increase in plasma levels has been considered a risk factor for cardiovascular disease with worse endothelial function, itself considered an independent risk factor for adverse cardiovascular events in patients diagnosed with stable ACS. Similarly, Nozaki et al.7 studied concentrations of CD144+ as a marker of endothelial dysfunction in a strategy using different biomarkers, such as B natriuretic peptide, highly sensitive C reactive protein, and the quantity of circulating microparticles. These give an indication of endothelial dysfunction in a population at high risk of experiencing ACS. The authors found that high MP levels are an independent predictor of cardiovascular death and ACS. This biomarker also provides better stratification of cardiovascular risk and allows patients to benefit from more aggressive therapy that might improve their prognosis. Endothelial dysfunction caused by circulating MP is a risk factor for cardiovascular disease and can be added to the risk factors considered as “traditional.” Different biomarkers can be measured, and confirm the importance of these MP in the genesis of ACS.

Cristóbal Bueno Jiménez

Departamento de Medicina Interna, Hospital Universitario Infantia Cristina, Badajoz, Spain

E-mail address: cristobalb@unex.es

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