in pediatric CTR with and without TxCAD before and after 1 year of pravastatin use.

Methods: Subjects (n=19) receiving triple immunosuppressive therapy were grouped into patients with and without TxCAD based on angiography. Lipoproteins were isolated by ultracentrifugation and their lipid/protein compositions were determined. Healthy age-matched subjects (n=21) served as controls.

Results: Compared to patients with healthy coronaries, patients with TxCAD had lower HDL-C levels but higher apoB-100/apoA-I ratios at baseline and 1 year after pravastatin therapy. Their LDL particles at baseline were enriched with triglycerides (TG). When compared with healthy controls transplant recipients had elevated serum TG at baseline correlating negatively with HDL-C level and apoB-100/apoA-I ratios were higher.

Conclusions: Low HDL-C level and apoB-100/apoA-I were associated with the development of TxCAD. Pravastatin therapy lowered cholesterol levels and improved quality of LDL and HDL particles. Pravastatin failed to normalize elevated TG and prevent the progression TxCAD in some patients. The data suggest that the metabolic consequences of hypertriglyceridemia are associated with TxCAD in pediatric patients.

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