Natural decline of testosterone in the middle aged men and hypogonadism have been reported to associate visceral obesity [26]. Few prospective studies have demonstrated a protective link between endogenous testosterone and CV events [27]. Earlier cohort studies have documented the association of high serum TG with the risk and mortality from ischemic heart disease and stroke [10,28,29].

Increased levels of postprandial TG indicate the presence of increased levels of remnants from chylomicrons and VLDL [28]. These cholesterol-containing, triglyceride-rich lipoproteins penetrate the arterial endothelium, and may get trapped within the subendothelial space potentially leading to the development of atherosclerosis [30,31]. The majority of cross-sectional studies have found a positive correlation of endogenous testosterone with HDL and a negative correlation with total cholesterol, LDLc and triglycerides. Thus normal men with low testosterone appear to have adverse lipid profiles, and hypogonadal men have a potentially atherogenic dyslipidaemia prior to treatment [32,33]. These findings, together with previous reports on the importance of post prandial serum lipids in the prediction of atherosclerosis risk and consequent CVD [34,35], may lead to the speculation that serum testosterone and postprandial TG levels (or either of them) are better predictors than fasting serum lipids for assessment of the CVD risk in normal men or those with classical dyslipidemia. This would, also, necessitate an early testing and early start of preventive measures.

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