

Peri-operative Troponin Measurements - Pathophysiology and Prognosis

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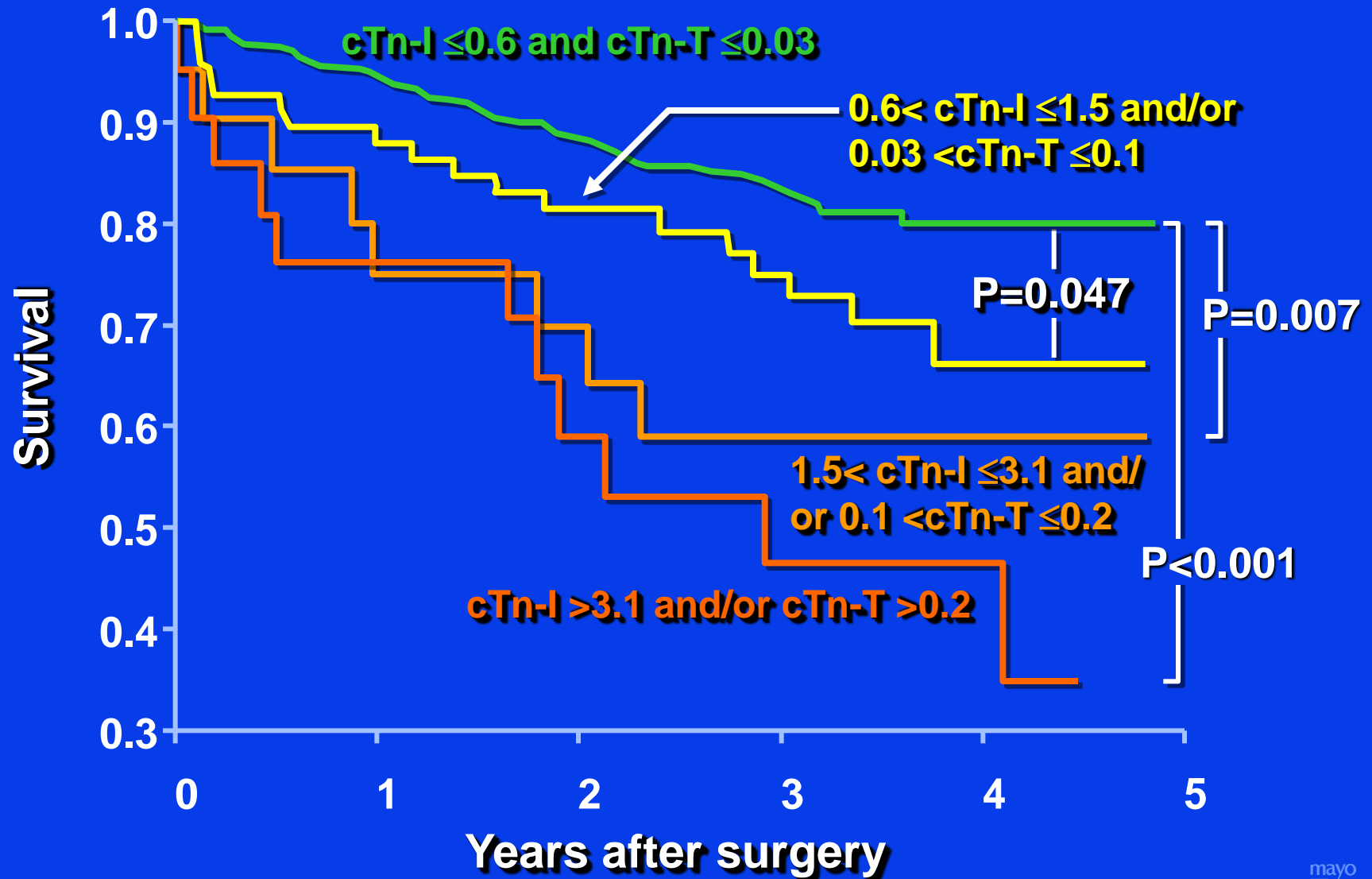
***Dr. Jaffe is or has been a consultant to most of the major diagnostic companies
and Amgen.**



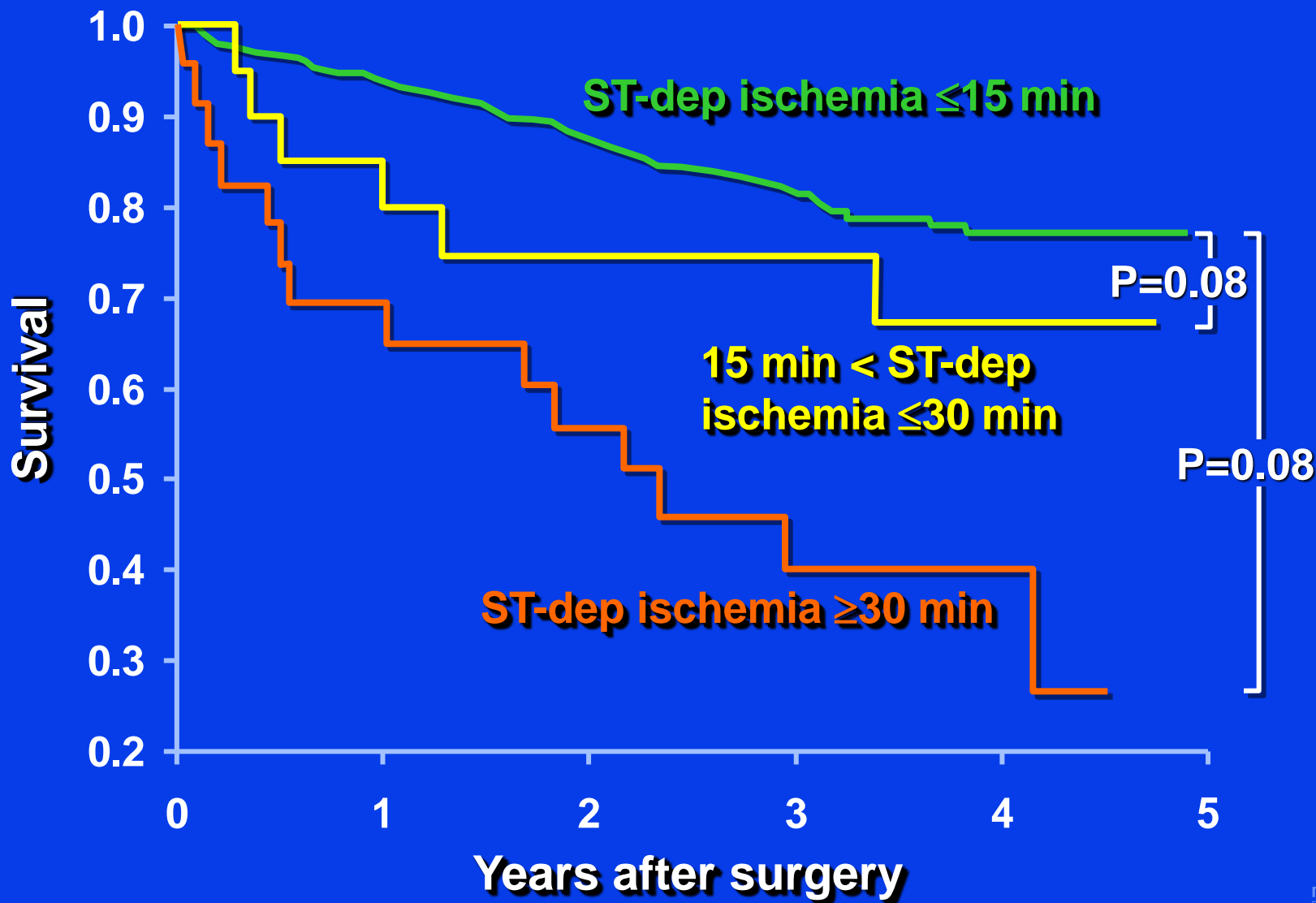
Elevations of Troponins without Overt Ischemic Heart Disease

- Trauma (including contusion, ablation, pacing, **ICD firings including atrial defibrillators**, cardioversion, endomyocardial biopsy, cardiac surgery, after interventional closure of ASDs)
- **Congestive heart failure—acute and chronic**
- Aortic valve disease and HOCM with significant LVH
- Hyper and hypotension, especially with arrhythmias
- Postoperative noncardiac surgery patients who seem to do well
- **Renal failure**
- Critically ill patients, with respiratory failure, gastrointestinal bleeding, **sepsis**, heat stroke
- **Drug toxicity, eg adriamycin, 5 FU, herceptin, snake venoms, carbon monoxide poisoning**
- Hypothyroidism
- Abnormalities in coronary vasomotion, including coronary vasospasm
- Apical ballooning syndrome
- **Inflammatory diseases eg. myocarditis, eg. Parvovirus B19, Kawasaki disease, sarcoid, smallpox vaccination, or myocardial extension of BE**
- Post PCI patients who appear to be uncomplicated
- **Pulmonary embolism, severe pulmonary hypertension**
- **Sepsis**
- Burns, esp if TBSA > 30%
- **Cardiomyopathies including infiltrative diseases such as amyloidosis, hemochromatosis, sarcoidosis and scleroderma, non compaction syndrome**
- **Acute neurological disease, including CVA, subarchnoid bleeds**
- Rhabdomyolysis with cardiac injury
- Transplant vasculopathy
- Vital Exhaustion

Postop Survival by cTnI Values



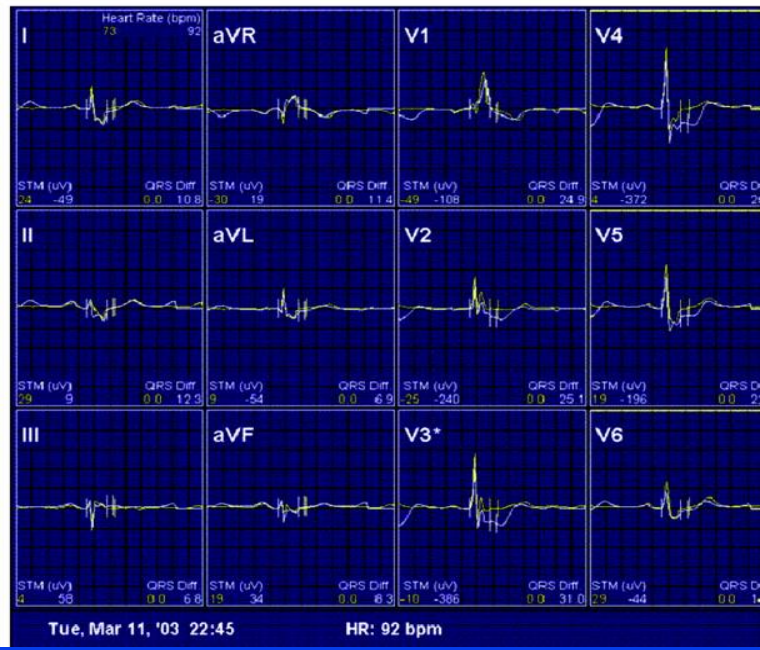
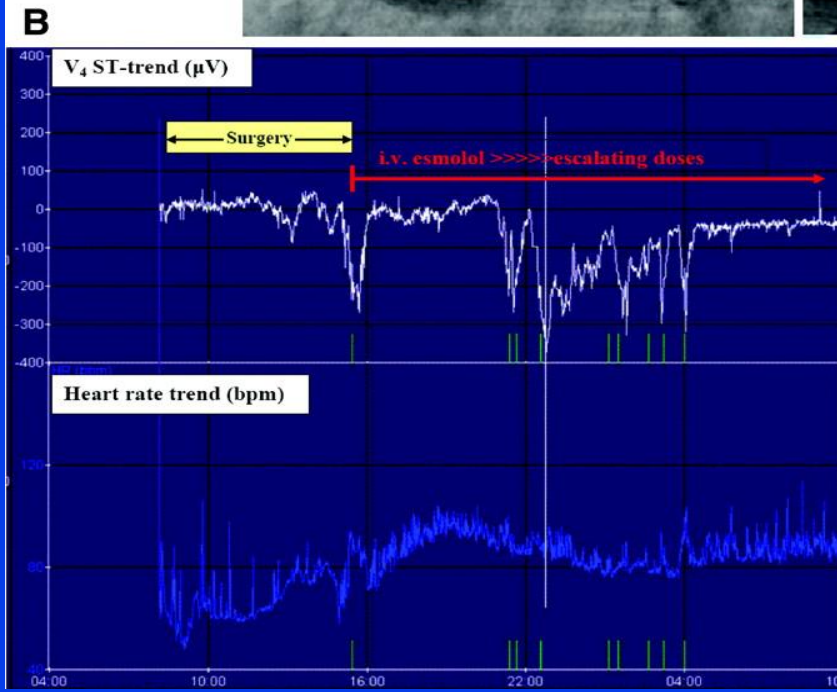
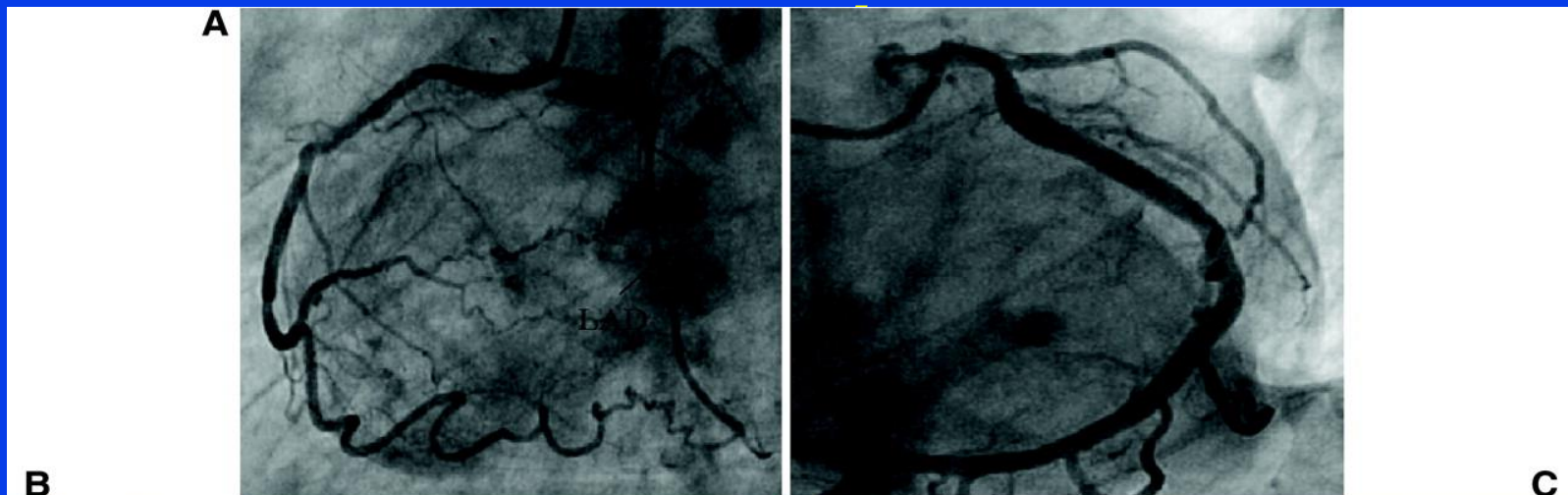
Postop Survival by ECG Changes



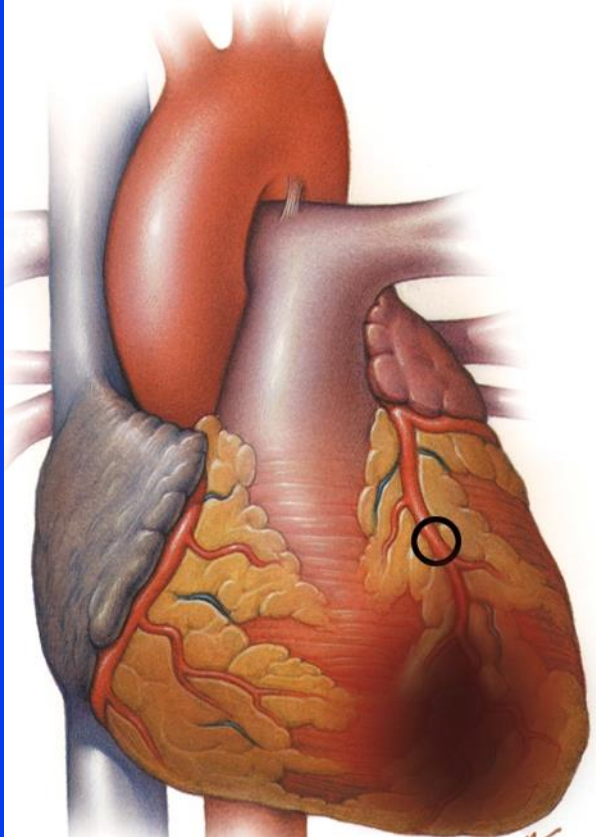
Association of Longest Ischemia Duration with Biochemical Markers of MI

	<u>Total</u>		<u>Ischemia >15 min</u>		<u>Ischemia >30 min</u>		<u>Ischemia >60 min</u>		<u>Symptoms attributable to MI</u>	
	No.	%	No.	%	No.	%	No.	%	No.	%
CK >170 IU and MB >5%	34	6.7	17	50.0	14	41.2	12	35.3	7	20.5
CK >170 IU and MB >10%	14	2.9	8	57.1	7	50.0	7	50.0	5	35.7
cTn-I >0.6 ng/mL and or cTn-T >0.03 ng/mL	107	23.9	34	31.8	29	27.1	21	19.6	19	17.7
cTn-I >1.5 ng/mL and or cTn-T >0.1 ng/mL	41	8.7	38	87.8	24	58.3	19	46.3	18	43.9
cTn-I >3.1 ng/mL and or cTn-T >0.2 ng/mL	21	4.2	19	90.5	17	81.0	17	81.0	13	61.9

A 67-year-old man - abdominal aortic aneurysm



Differentiation between MI Types according to the Condition of the Coronary Arteries

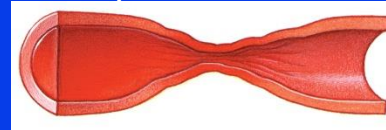


Plaque rupture with clot



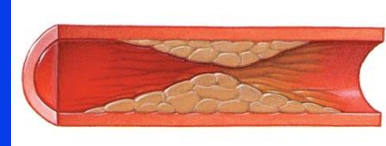
MI Type 1

Vasospasm or endothelial dysfunction



MI Type 2

Fixed Atherosclerosis and Supply-demand imbalance



MI Type 2

Supply-demand imbalance alone



MI Type 2

CHARACTERISTICS OF TYPE 1 AND TYPE 2 AMIS

Type 1

**Spontaneous around known
triggers**

Higher cTn

**Persistent ECG changes,
especially ST segment depression**

Out patients

More procoagulant activity

Type 2

**Some evidence of increased
demand**

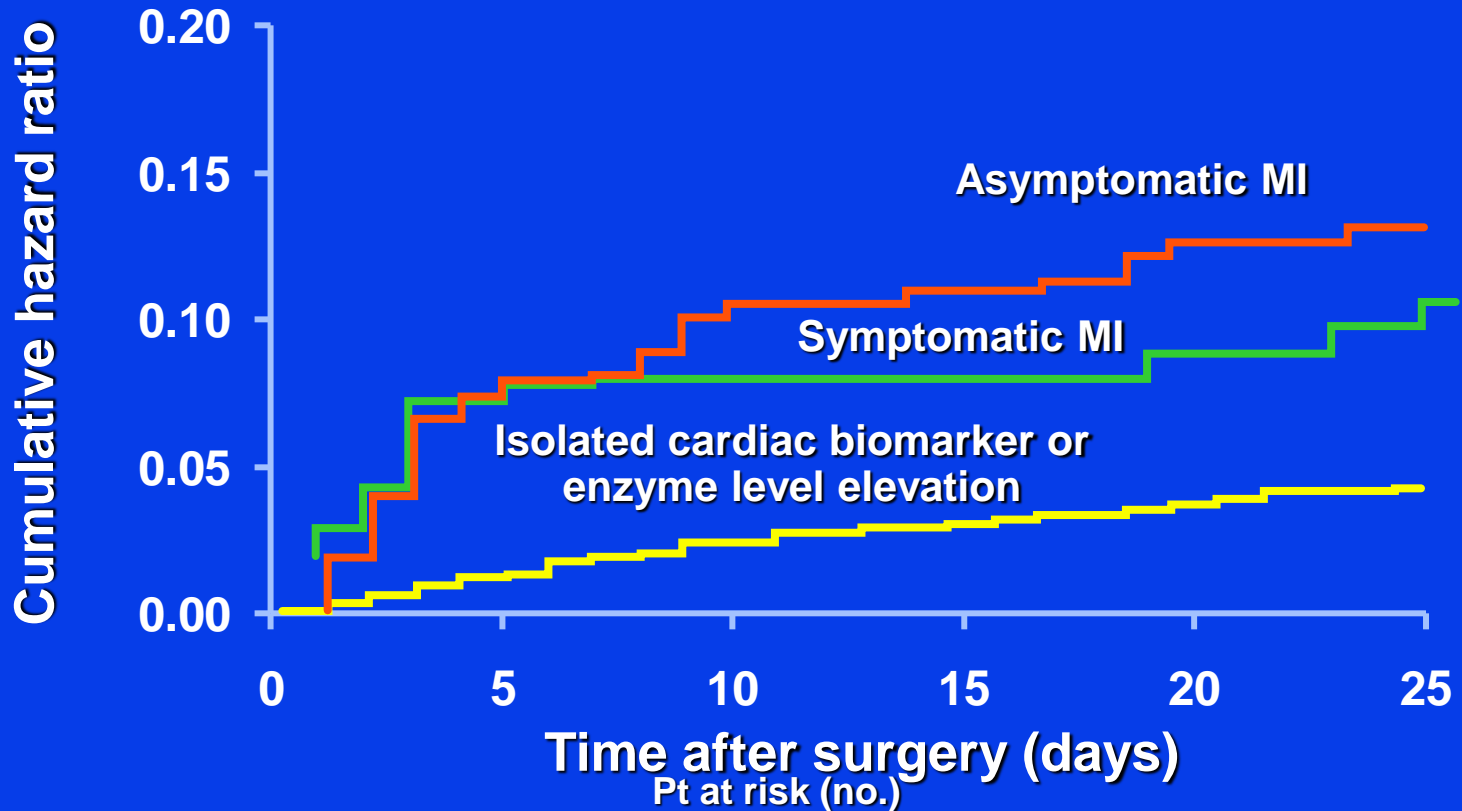
Lower cTn

More transient ECG changes

Procedure related often

**Procoagulation related inadequate
perfusion**

Prognosis Over Time After Surgery (POISE)

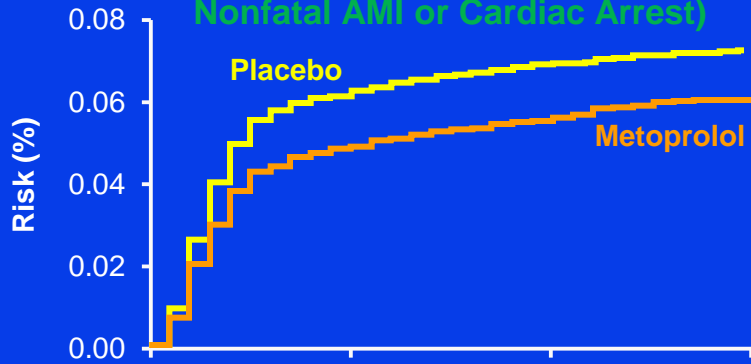


	0	5	10	15	20	25
Symptomatic MI	144	130	126	118	106	
Asymptomatic MI	271	238	234	226	214	
Isolated cardiac biomarker or enzyme level elevation	697	665	658	645	624	

Devereaux et al: Ann Intern Med 154:523, 2011

Outcomes in POISE

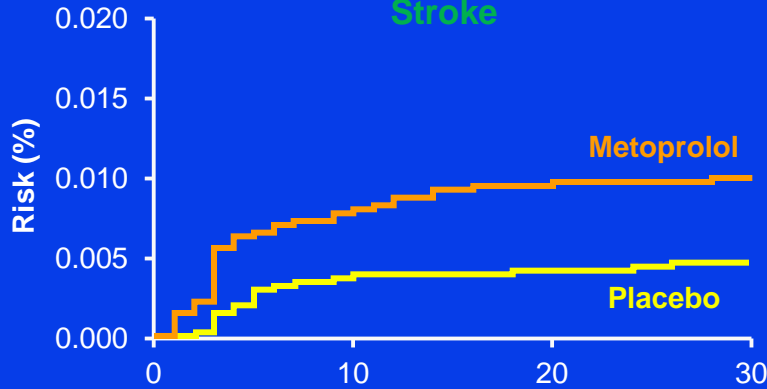
Primary Outcome (CV Death or Nonfatal AMI or Cardiac Arrest)



No. at risk

Placebo	4,177	3,915	3,873	3,854
Metoprolol	4,174	3,958	3,908	3,878

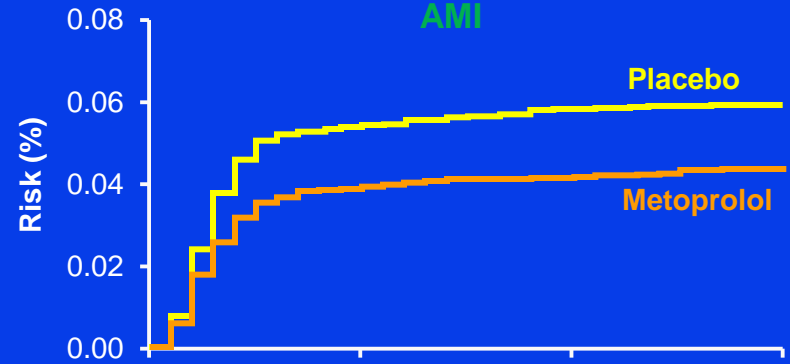
Stroke



No. at risk

Placebo	4,177	4,105	4,078	4,060
Metoprolol	4,174	4,084	4,038	4,012

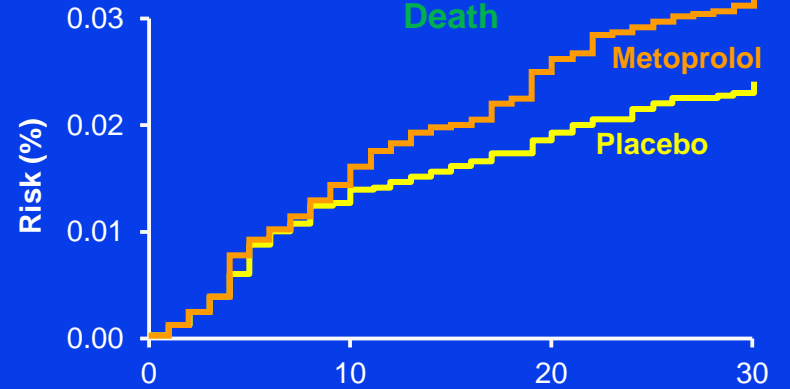
AMI



No. at risk

Placebo	4,177	3,919	3,873	3,859
Metoprolol	4,174	3,966	3,917	3,888

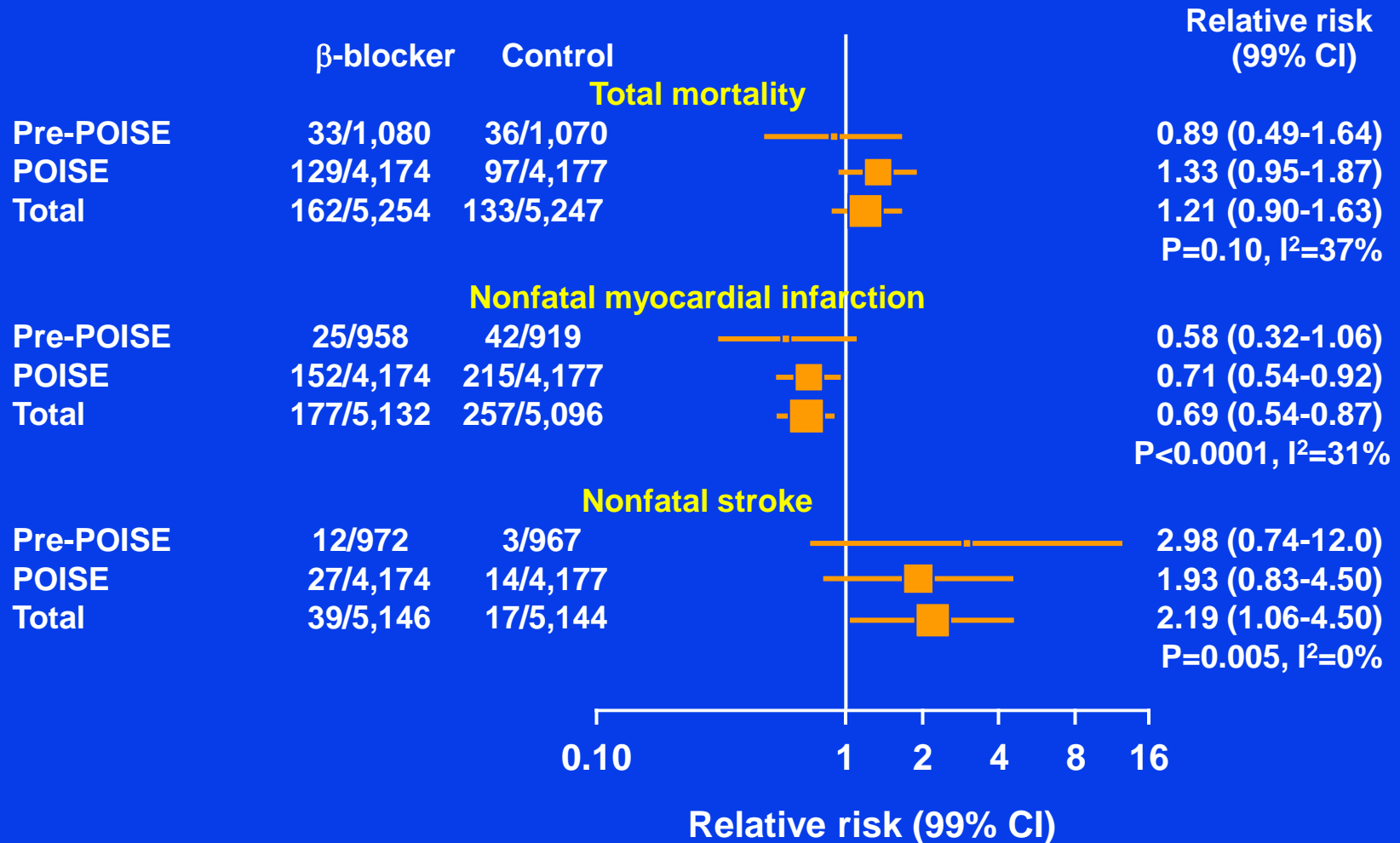
Death



No. at risk

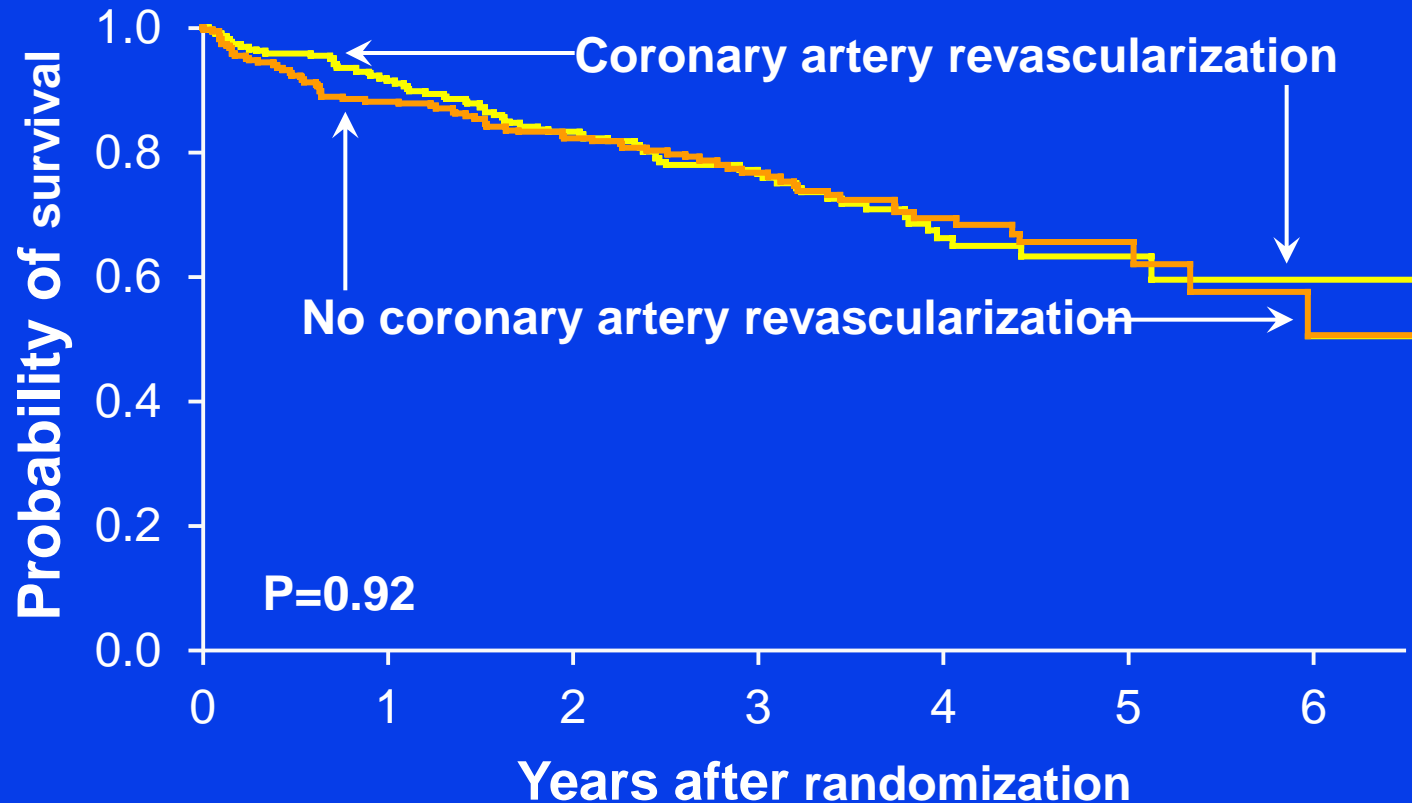
Placebo	4,177	4,119	4,093	4,074
Metoprolol	4,174	4,112	4,066	4,039

Meta-Analysis of β -Blocker Trials



Lancet 371:1839, 2008

Survival in Postoperative Patients With and Without Coronary Revascularization

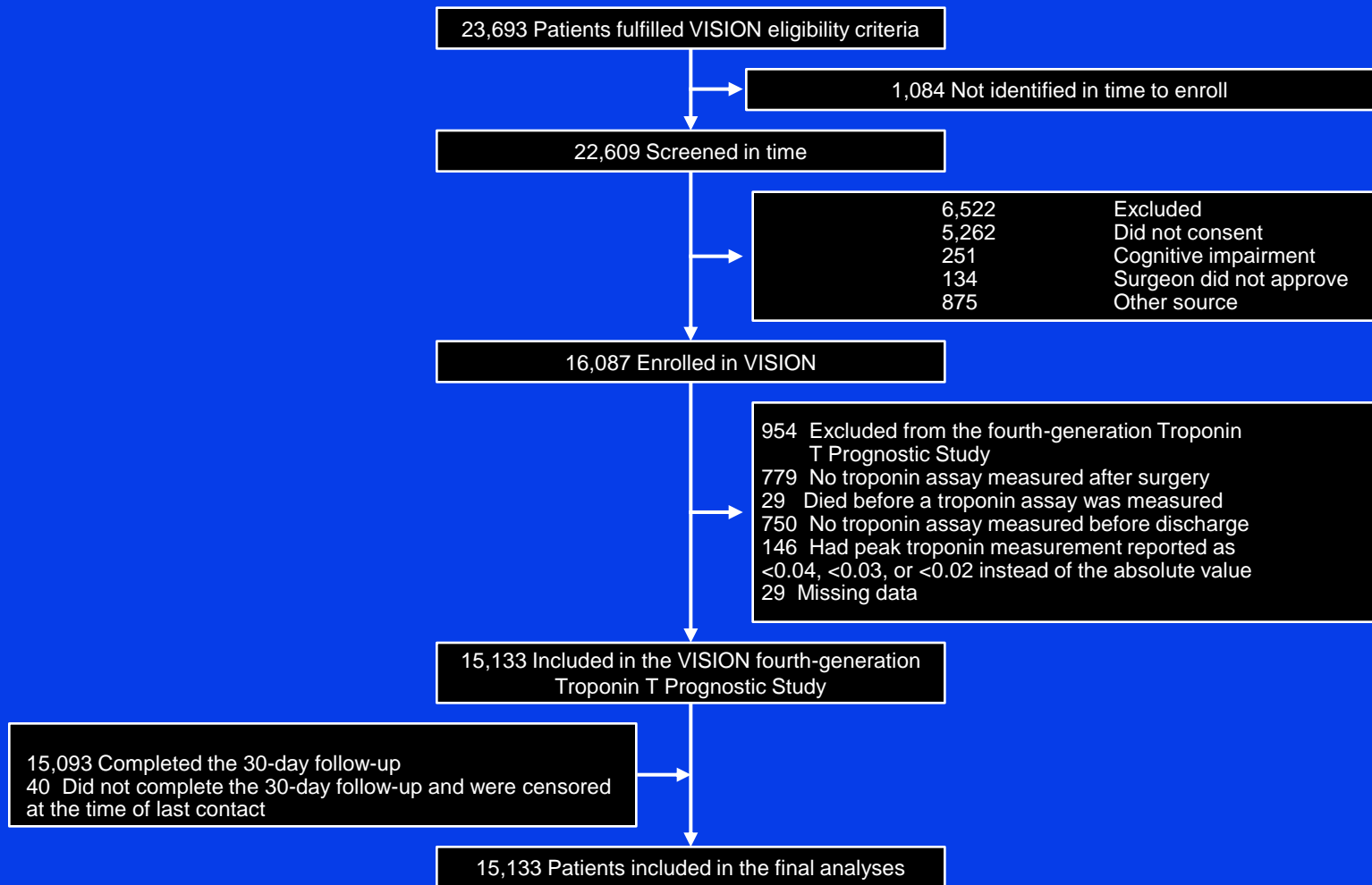


No. at risk

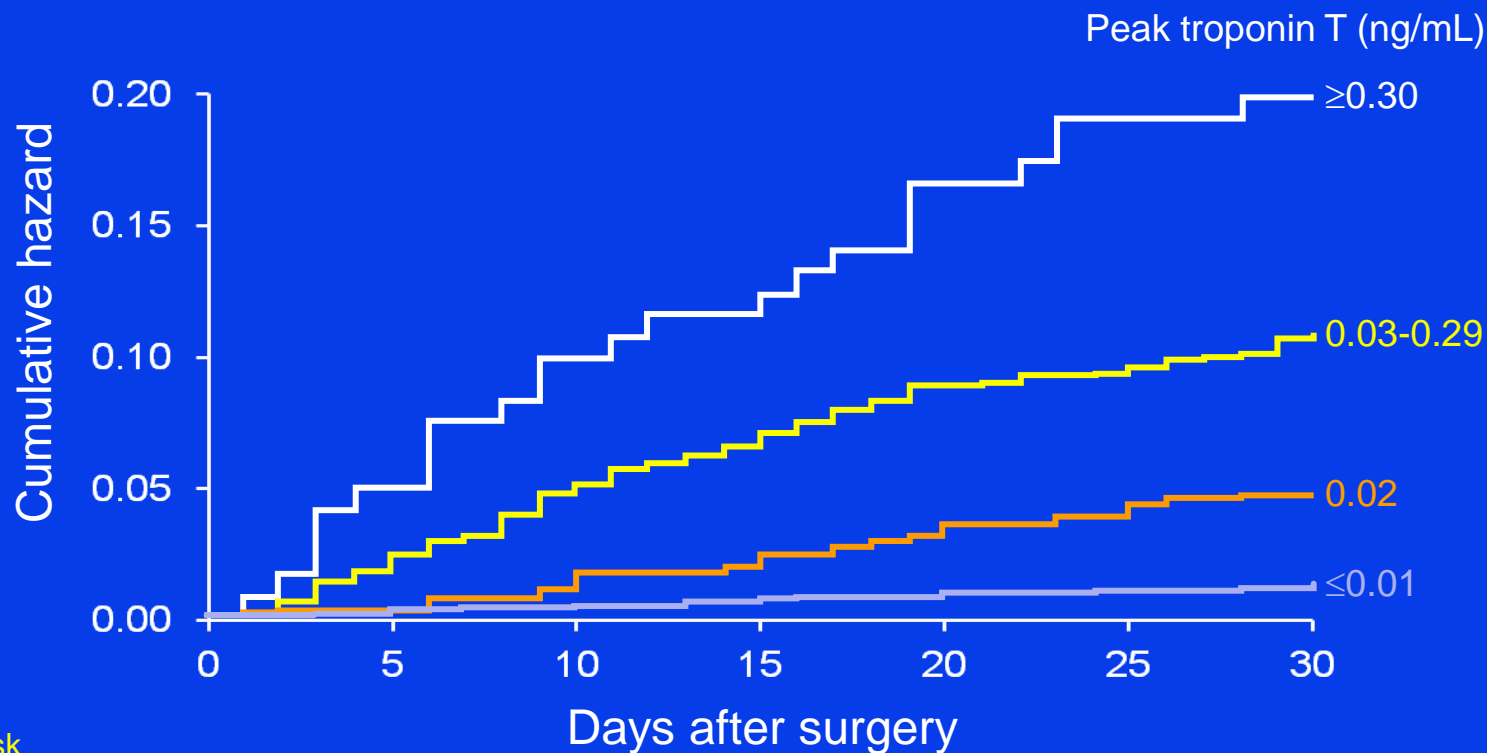
Revascularization	226	175	113	65	18	7
No revascularization	229	172	108	55	17	12

McFalls et al: NEJM 351(27):2795, 2004

Patient Flow in the Vision Study



Mortality Analysis by Peak cTnT Value (VISION)



No. at risk

Peak troponin T (ng/mL)

≥0.30	142	136	129	127	121	118	117
0.03-0.29	1121	1103	1075	1058	1036	1030	1018
0.02	494	492	489	485	480	477	473
≤0.01	13,376	13,348	13,300	13,271	13,250	12,230	13,209

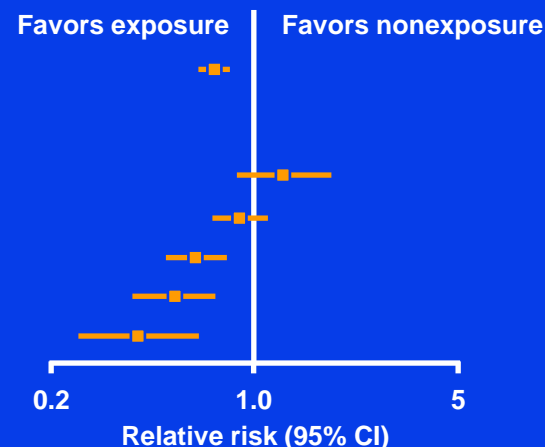
JAMA. 2012;307(21):2295-2304



Relationship of β -Blockers and 30-Day Mortality

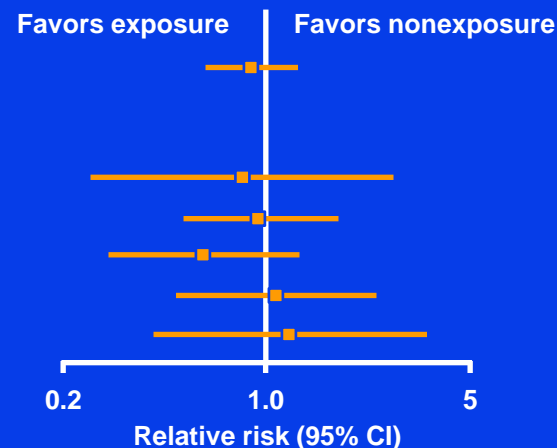
All surgery

	No. of patients		No. of deaths	
	Exposed	Not exposed	Exposed	Not exposed
All patients	37,805	37,805	426	583
Revised cardiac risk index predictors (no.)				
0	12,250	12,250	67	53
1	16,057	16,057	166	186
2	6,795	6,795	111	176
3	2,090	2,090	59	110
>4	613	613	23	58



Vascular surgery

	No. of patients		No. of deaths	
	Exposed	Not exposed	Exposed	Not exposed
All patients	3,999	3,999	55	62
Revised cardiac risk index predictors (no.)				
0	857	857	5	6
1	1,593	1,593	20	21
2	1,033	1,033	11	18
3	403	403	13	12
>4	113	113	6	5

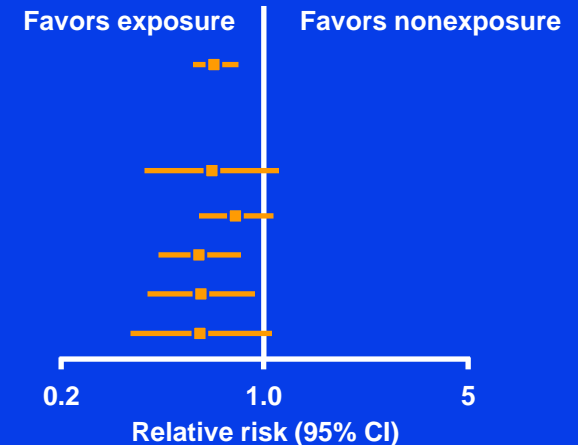


London et al: JAMA 309(16):1704, 2013

Relationship of β -Blockers and 30-Day Cardiac Morbidity

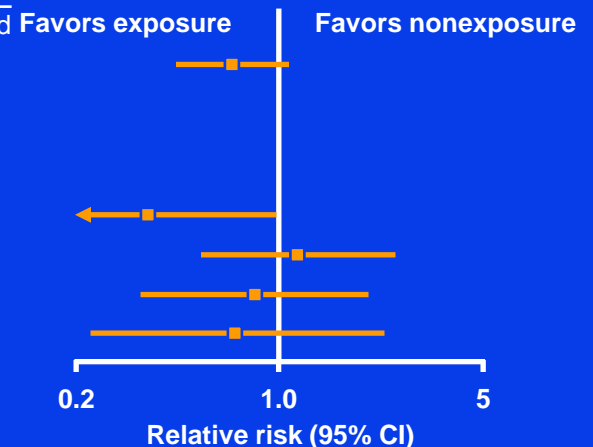
All surgery

	No. of patients		No. of deaths	
	Exposed	Not exposed	Exposed	Not exposed
All patients	37,662	37,662	225	336
Revised cardiac risk index predictors (no.)				
0	12,228	12,228	23	35
1	16,004	16,004	83	104
2	6,761	6,761	63	105
3	2,063	2,063	36	59
>4	606	606	20	33



Vascular surgery

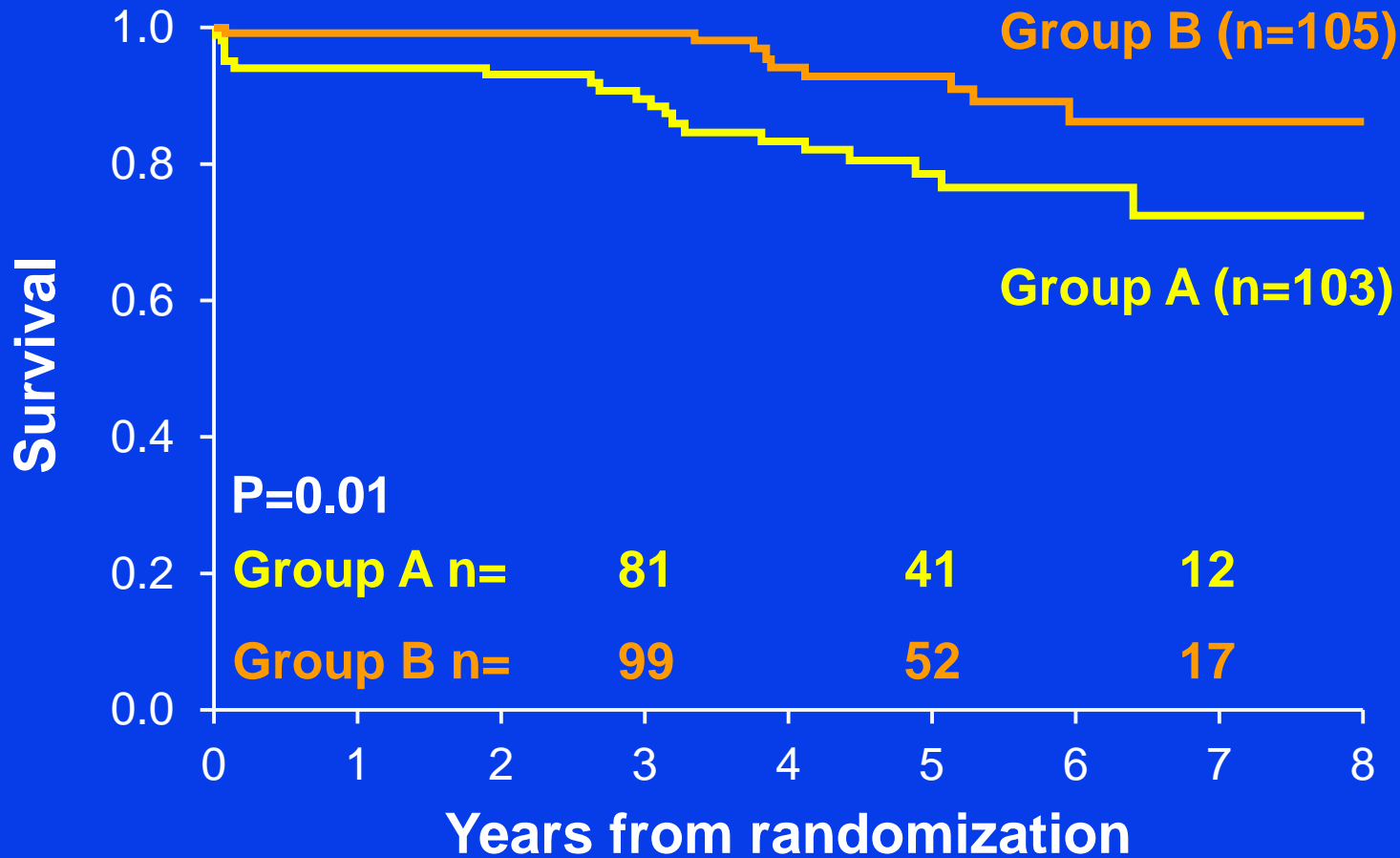
	No. of patients		No. of deaths	
	Exposed	Not exposed	Exposed	Not exposed
All patients	3,973	3,973	34	49
Revised cardiac risk index predictors (no.)				
0	852	852	0	4
1	1,590	1,590	5	14
2	1,024	1,024	15	13
3	395	395	9	11
>4	112	112	5	7



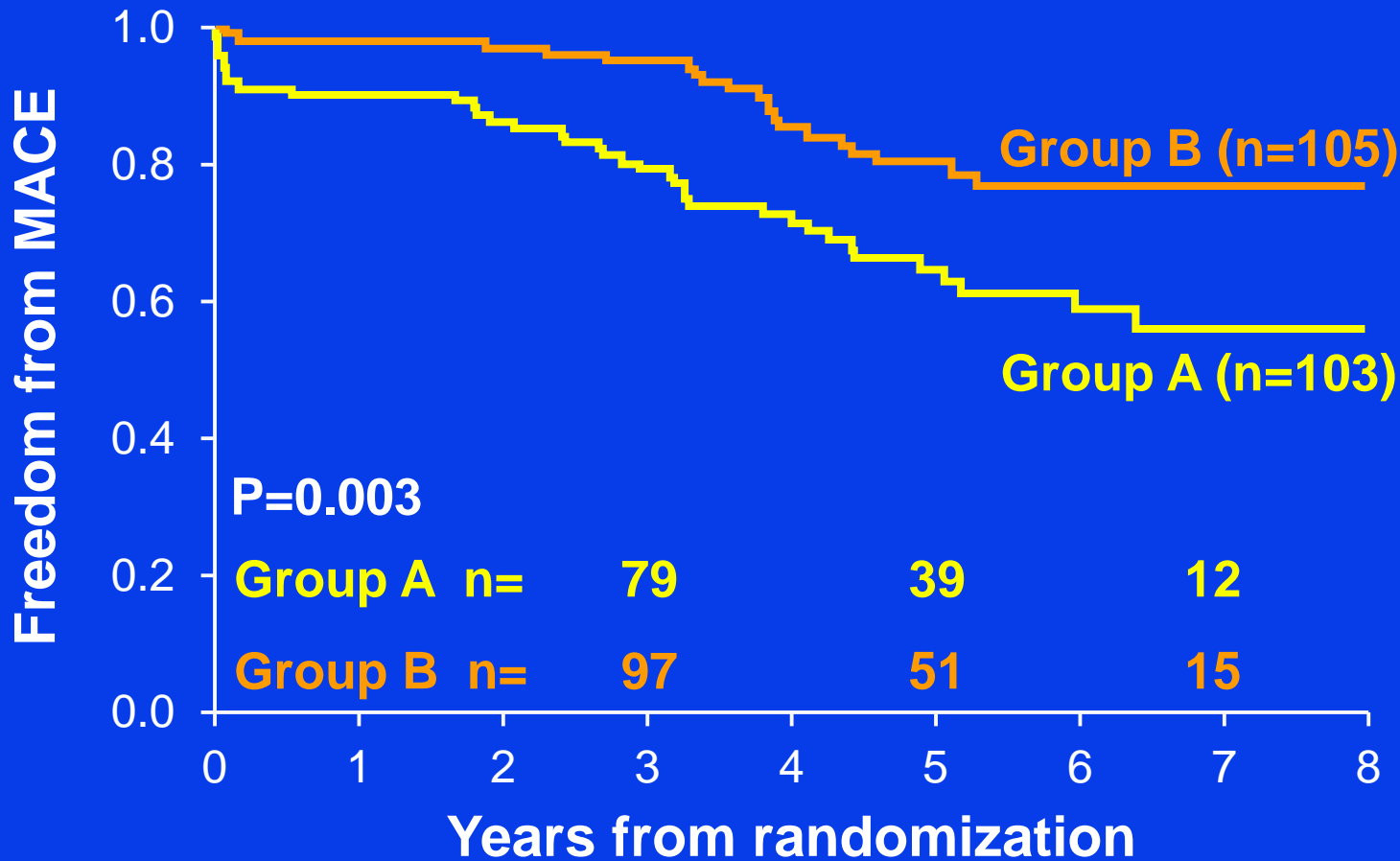
London et al: JAMA 309(16):1704, 2013

Cumulative Survival

(A= Stress testing, B = Angiography)

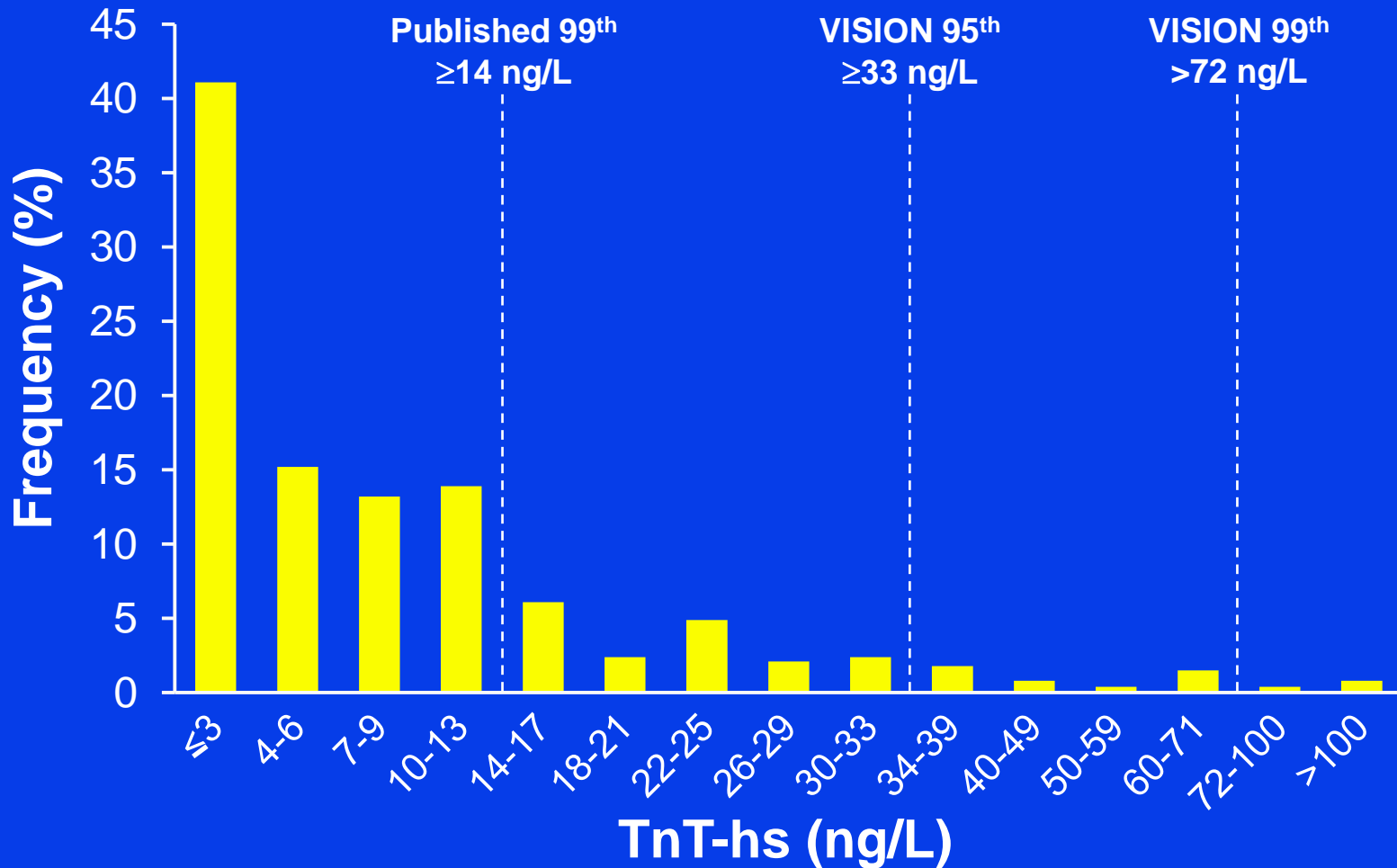


Freedom from Major Adverse Cardiac Events (A= Stress testing, B = Angiography)



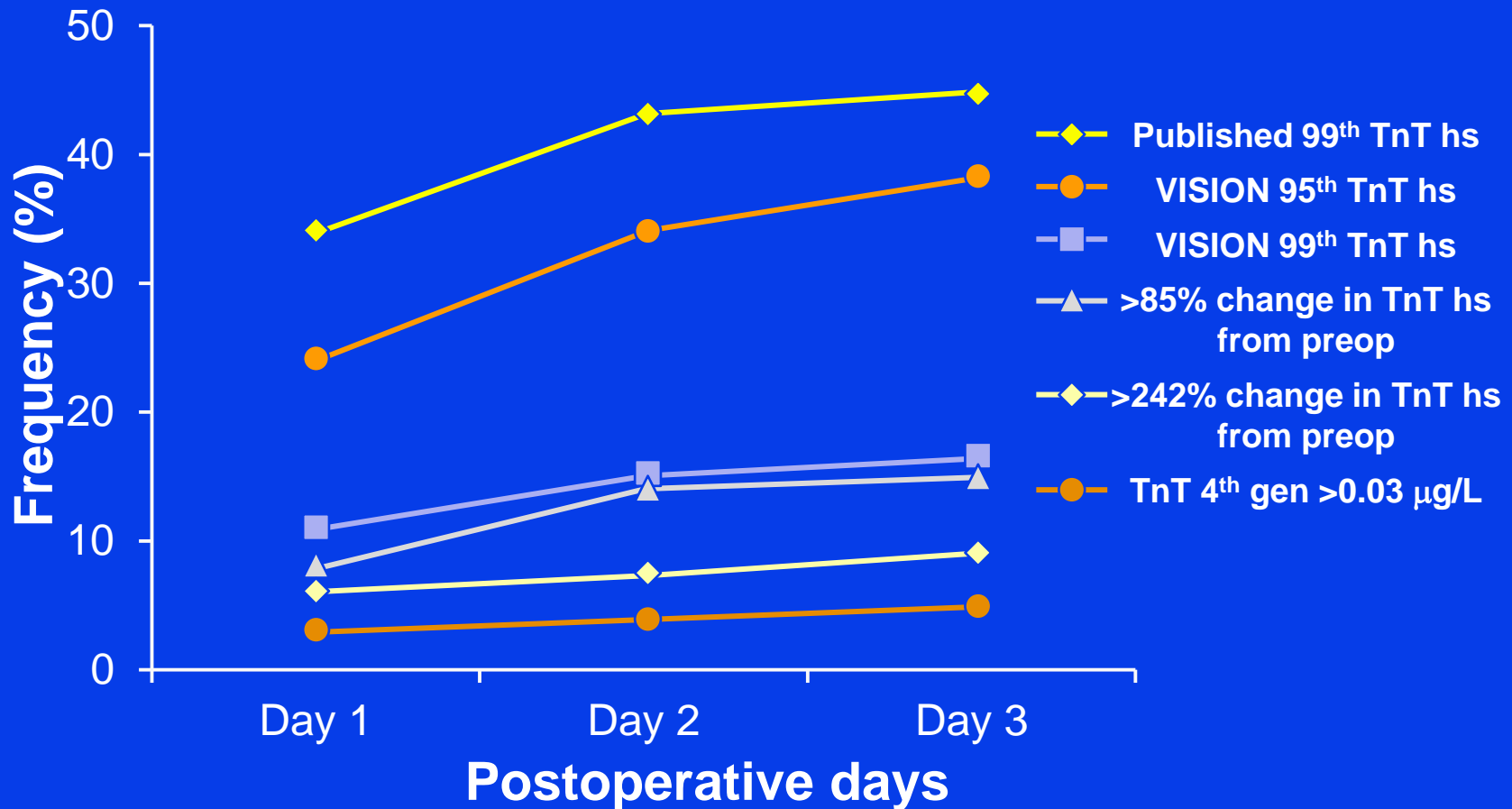
JACC 54(11):989, 2009

Distribution of Preoperative hsc-TnT Values in Vision

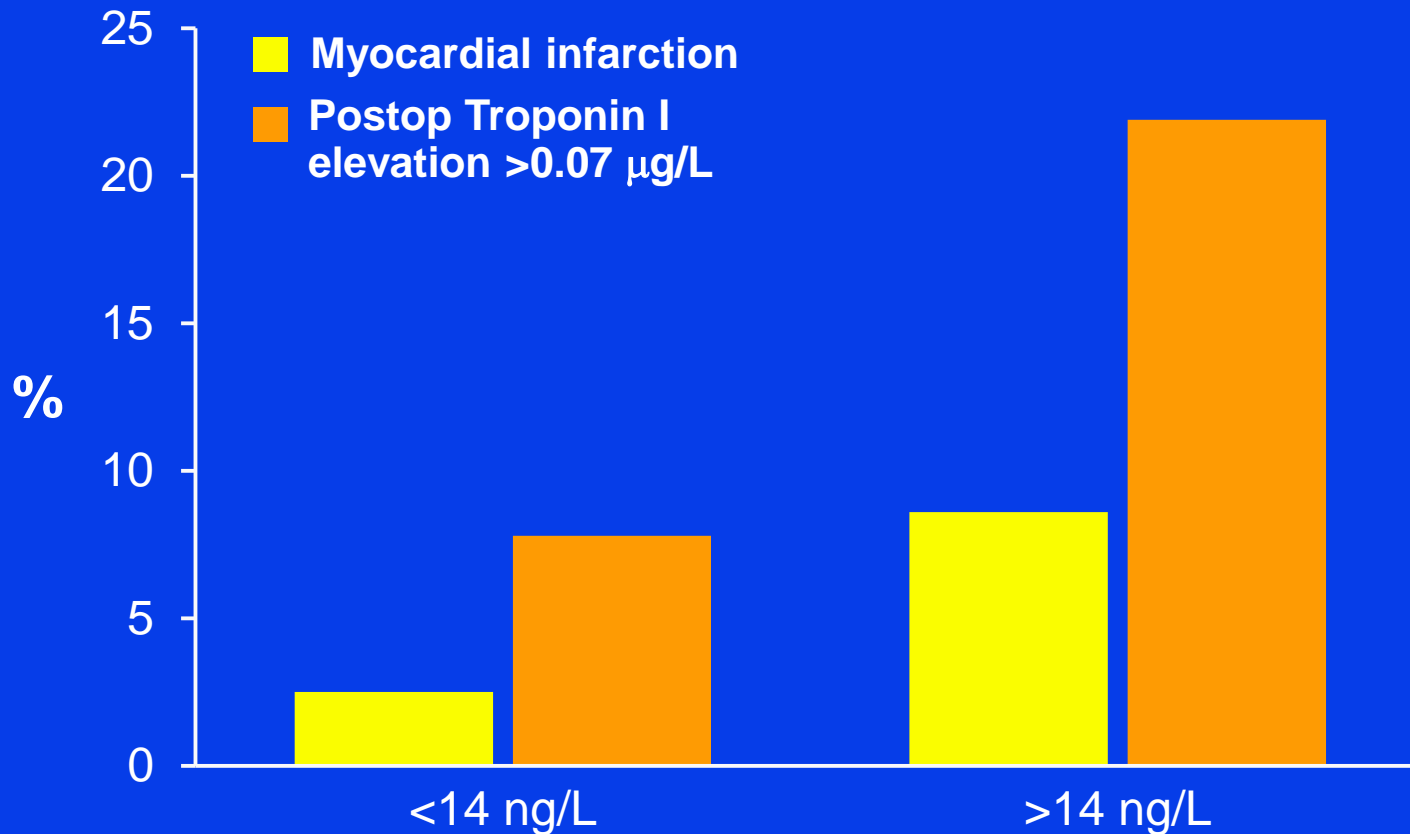


Kavsak et al: Clin Biochem 44:1021, 2011

Frequency of Elevated hsc-TnT Postoperative Values

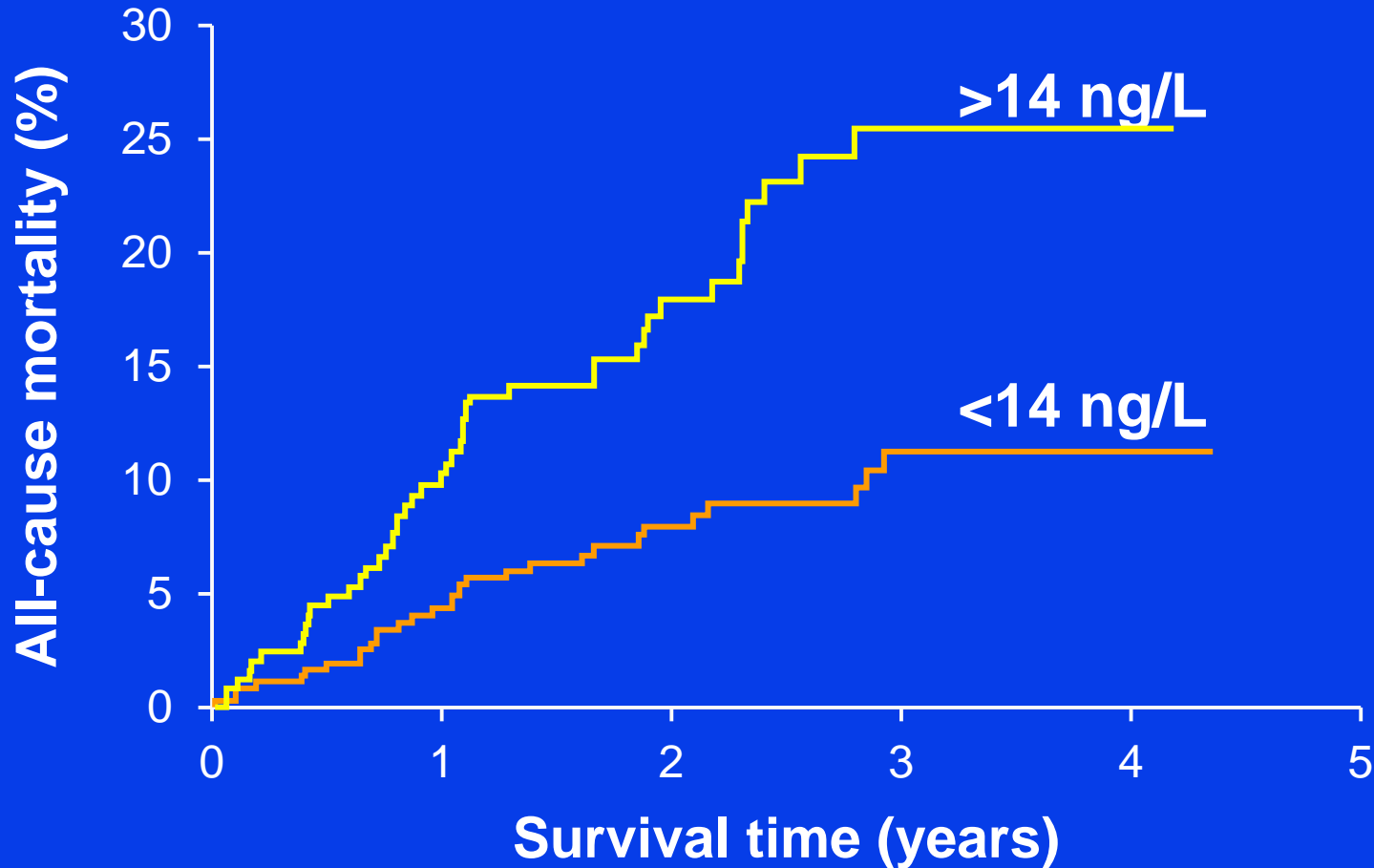


Preoperative hscTnT and Myocardial Infarction



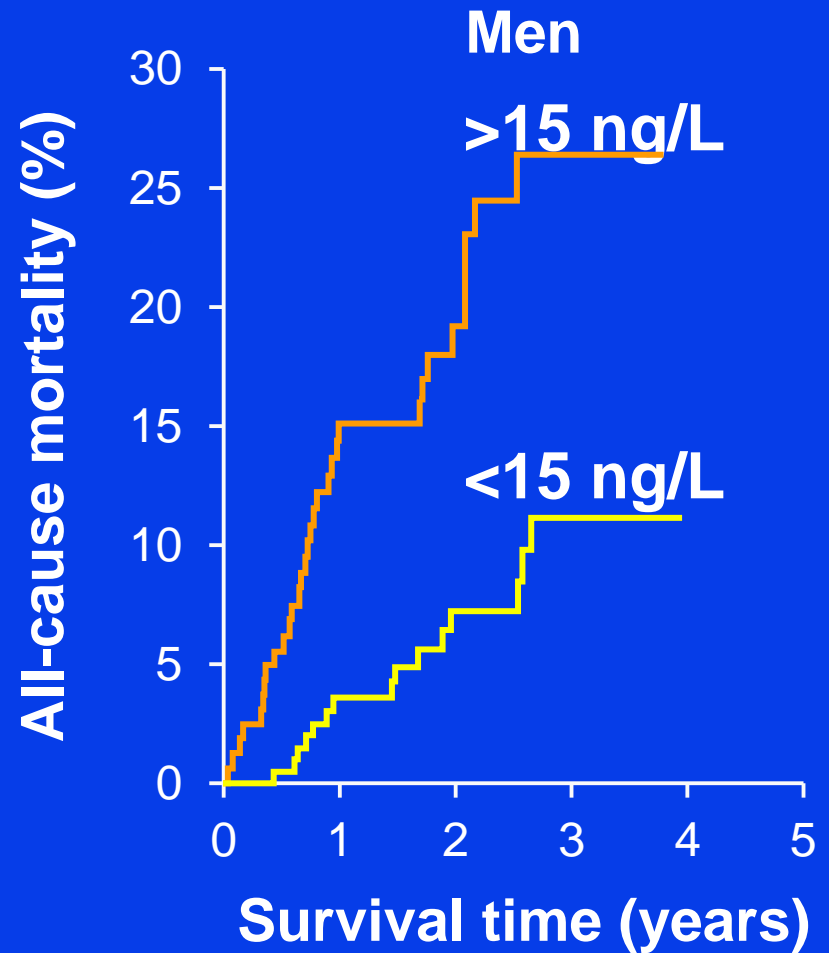
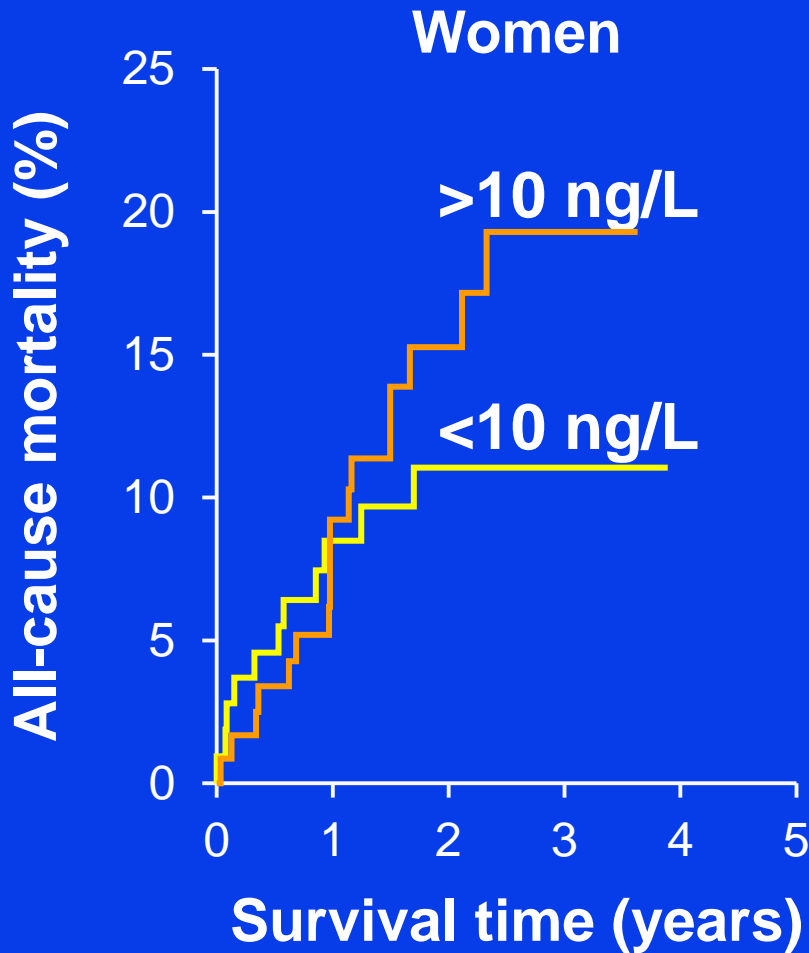
Preoperative hs-cTnT concentration
AHJ, 2013, (in press)

All-Cause Mortality based on Preoperative hscTnT



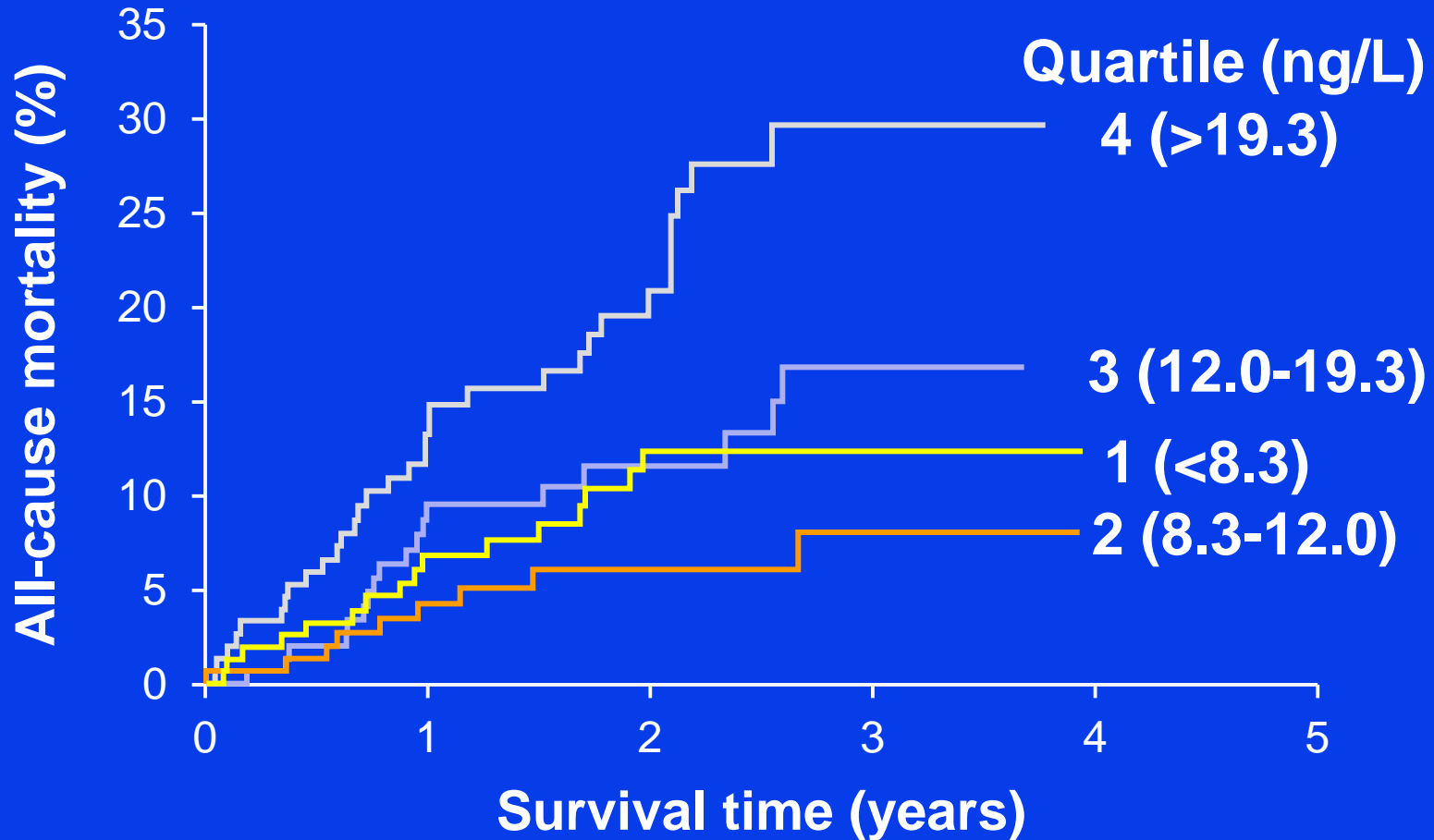
AHJ, 2013, (in press)

All-Cause Mortality based on Sex-Specific 99th Percentiles for Preoperative hscTnT



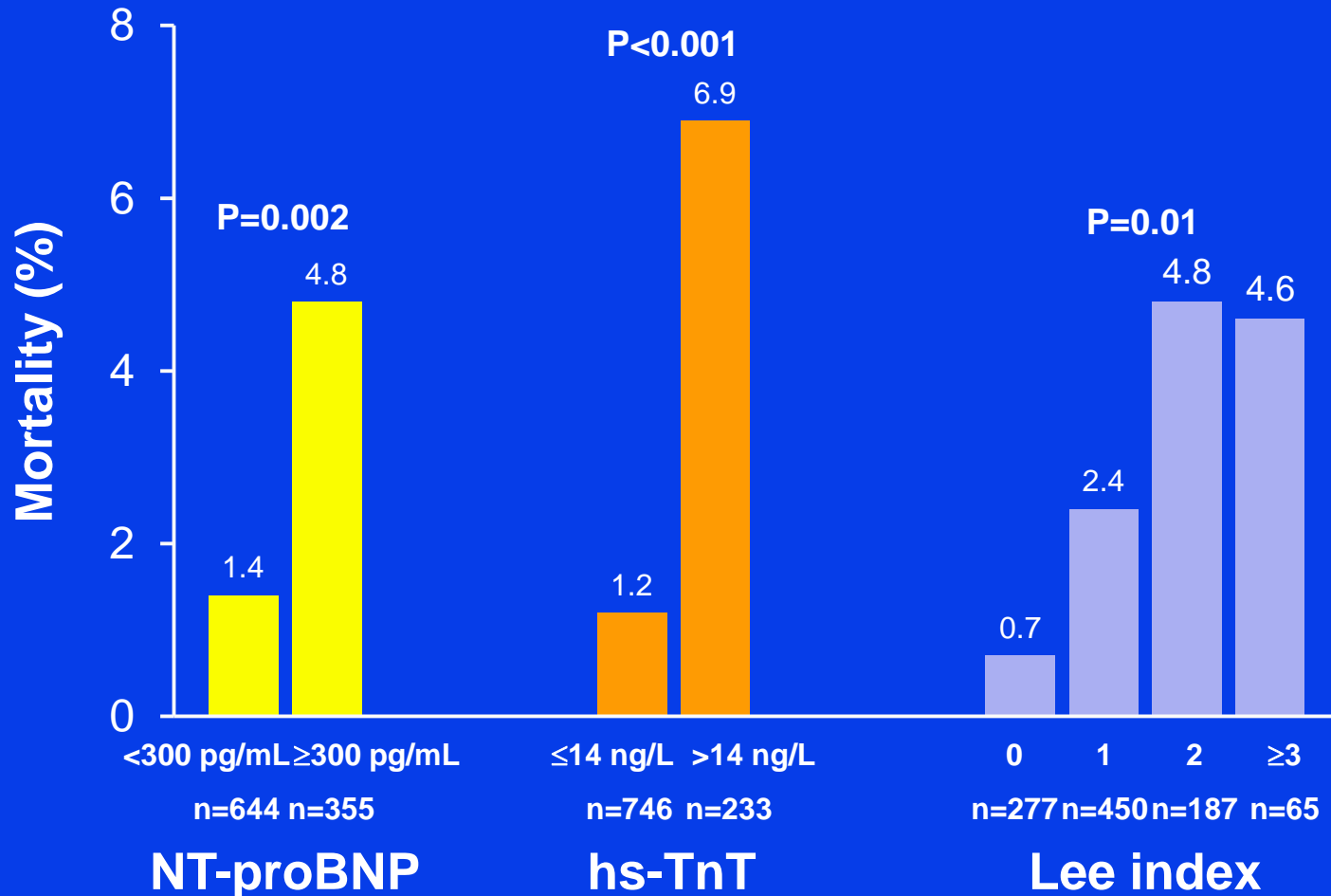
AHJ, 2013, (in press)

All-Cause Mortality Grouped by Preoperative hs-cTnT Quartiles



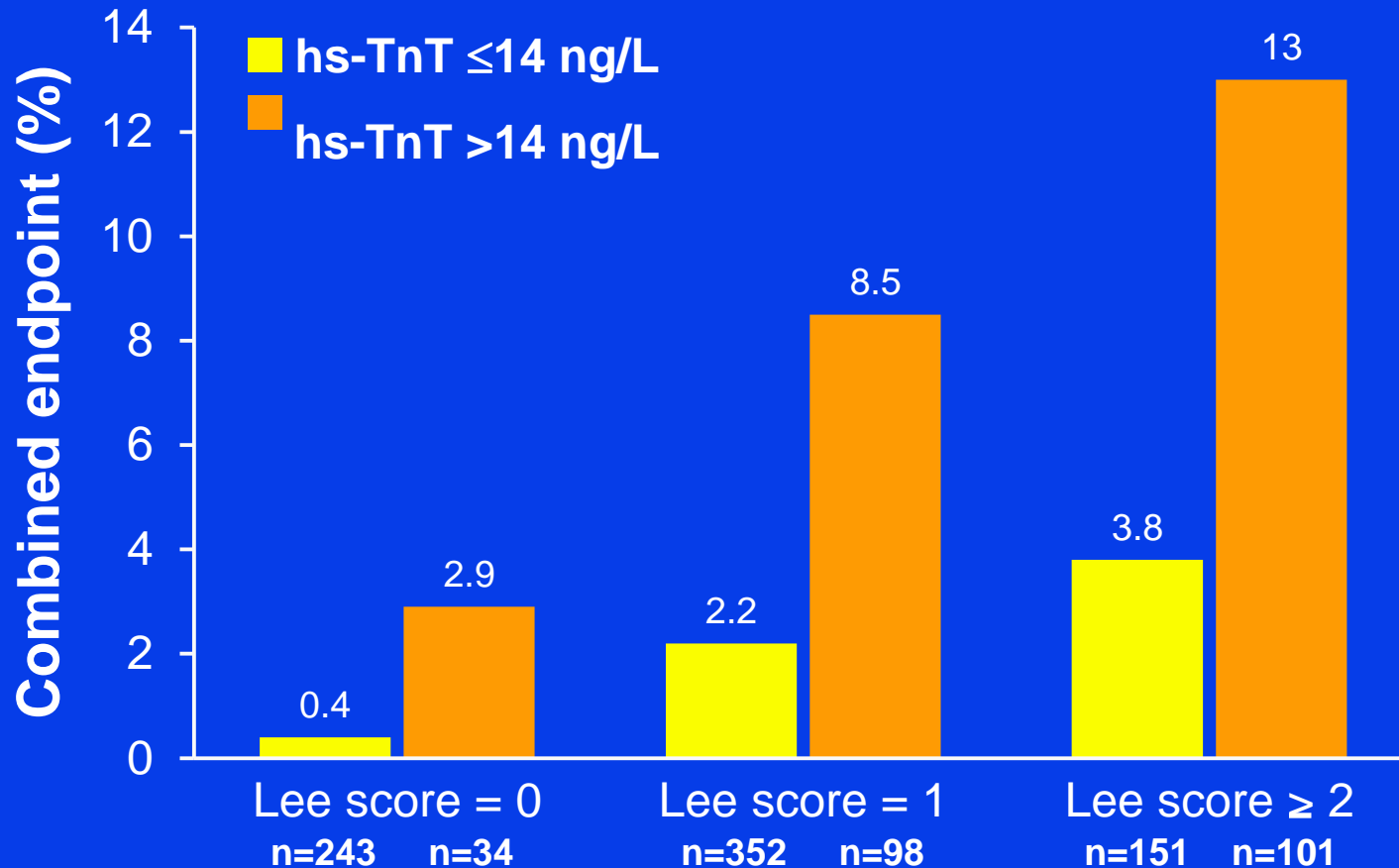
AHJ, 2013, (in press)

Predictive Accuracy of Biomarkers to Presage Mortality



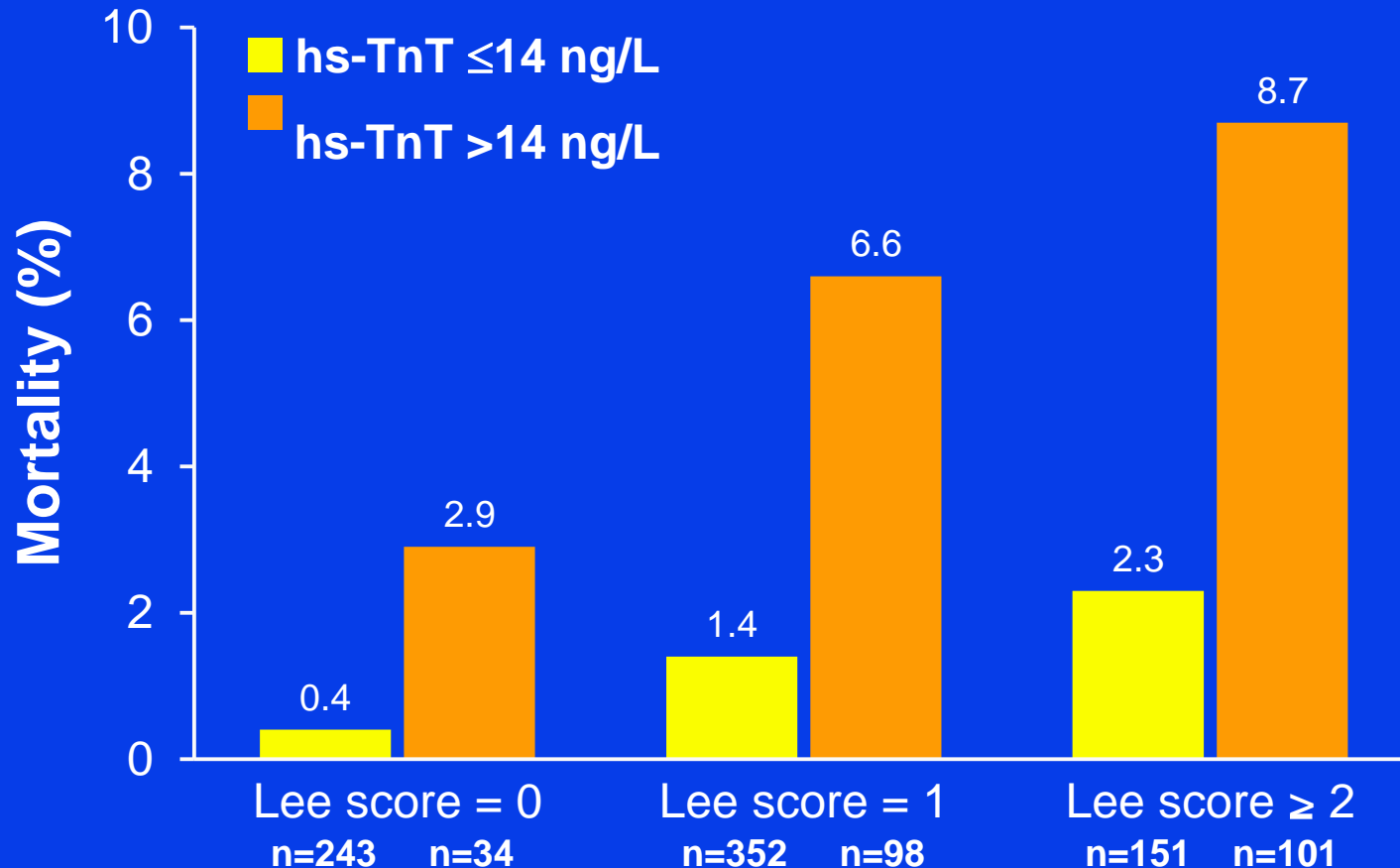
Weber et al: Eur Heart J 34:853, 2013

Combining Lee Index and hscTnT to Predict CV Events



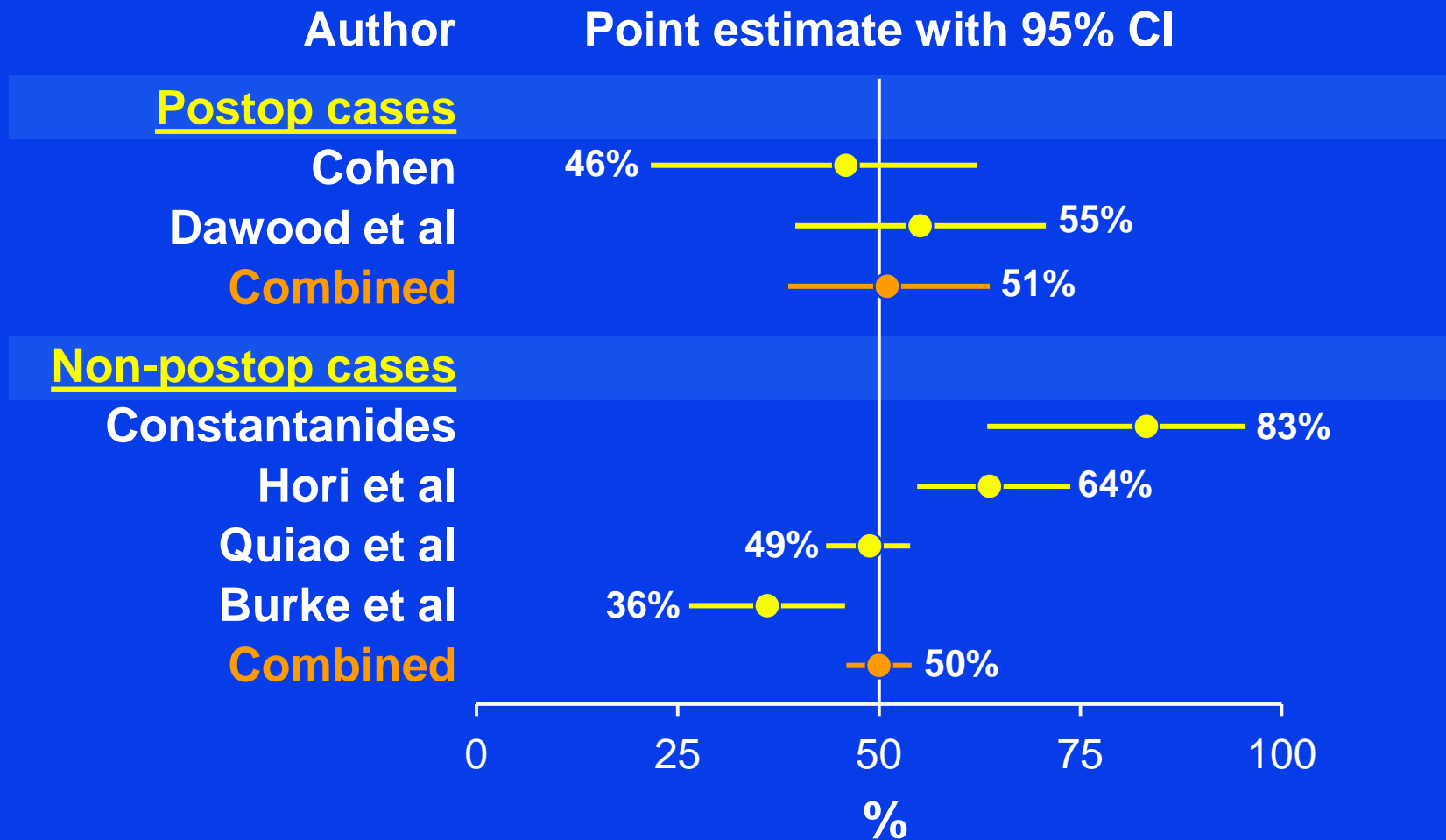
Weber et al: Eur Heart J 34:853, 2013

Combining Lee Index and hscTnT to Predict Mortality



Weber et al: Eur Heart J 34:853, 2013

Comparative Incidence of Plaque Rupture



Cohen and Aretz: Cardiovasc Pathol 8(3):133, 1999

Angiographic Characteristics

	PACS no. (%)	SACS no. (%)	Stable CAD no. (%)	P
Complex lesion	68 (56.7)	95 (79.2)	76 (31.8)	<0.001
Ambrose's type II lesions	54 (45.0)	68 (56.7)	44 (16.4)	<0.001
Thrombus	9 (7.5)	39 (32.5)	21 (8.8)	<0.001
Ulceration	15 (12.5)	18 (15.0)	16 (6.7)	0.03
Haziness	45 (37.5)	54 (45.0)	39 (16.3)	<0.001
TIMI flow <3	27 (22.5)	61 (50.8)	48 (20.1)	<0.001

Gualandro DM et al: Atherosclerosis, 2012 (in press)