

Our First Experience with High Sensitive Troponin T

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According to ECS and ACC/AHA recommendation our hospital has started to use a High Sensitive Troponin T at May. It is not clear – whether a small elevation of troponin just within normal range (“gray zone”) suggests some clinical significance in patients that underwent coronary angiography that revealed normal coronary arteries.

Methods:

All patients hospitalized for Unstable Angina pectoris from emergency department from the first day when HS Trop T was introduced to the end of firsts three month were observed. All patients that underwent Coronary Angiography and normal coronary arteries were revealed and troponin range at admission was almost normal (less than 0.005 ngr/ml) or was in “gray zone” (from 0.006 to 0.015 ngr/ml) were included.

It were 27 pts. in two groups (13 pts with “normal” troponin value at admission and 14 pts with a “ gray zone” . All patients underwent heart echo and normal Ejection Fraction or slight decrease – no less than 45% EF was revealed. All but one patients were discharged with diagnosis of Unstable Angina Pectoris or Chest Pain. One of them was suggested to suffer from Tako- Tsubo syndrome.

Results:

Telephone Follow- Up between 3 to 6 month, mean 4.5 month was done. During Follow- Up period 3 patients (21%) from the "gray zone" group were re-hospitalized with complaints of Chest Pain, but no one of them was suffered from Myocardial Infarction. It was no re-hospitalizations in "normal" troponin group. Two patients from "gray zone" groupe and two patients from "normal range" group (14% and 15% respectively) noted several episodes of chest pain that not required hospitalization.

Conclusion:

In summary, it seems like slight elevated but still within normal range High- Sensitive Troponin T may has clinical significance in prediction of re-hospitalization.