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Which Clinical Variable Predicts Better That Highly Sensitive Troponin T Positive Due To Myocardial Ischemia?

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In the early 1990s was the development of cardiac troponin T and I assays. Initial studies showed that with the exception of rare analytical false positives, the presence of cardiac troponin in blood indicated that cardiac injury had occurred. Therefore, clinicians rapidly came to consider cardiac troponin biomarkers to have virtually 100% predictive accuracy for MI. In addition to providing diagnostic information, troponin elevation in the setting of a clinical presentation with ACS is independently associated with worse clinical outcomes.

Methods:

During 26 month of enrolling patients with ACS-NSTEMI for "TAO " trial we analyzed 65 patients who were admitted to the CCU unit with the diagnosis of ACS-NSTEMI and received the study drug vs conventional anti ischemic therapy pre-coronary cath.

In the inclusion criteria a positive Troponin was mandatory.Since June 2012 we used the highly sensitive Troponin T in our hospital laboratory

When evaluating the differences between the population of the study pre the HsTnT and post we found statistically significant in the rate of "obstructive coronary artery disease"

Only 11/23 patients required PCI intervention during HsTnT era as opposed to 30/43 pre HsTnT.

When trying to better predict HsTnT positive due to myocardial ischemia we conducted a logistic regression model with the following variables :risk factors,gender,age,troponin slot and Grace score.

Results:

The only univariate predictor combined with high levels on admission of HsTnT for myocardial ischemia was the presence of diabetes p0.02.