Association between Serum C-reactive Protein on Admission and Early Left Ventricular Thrombus Formation Following First Anterior Wall Acute Myocardial Infarction

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conflict of interest

None

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LVT (Left Ventricular Thrombus) in AMI

Previous study*

- 429 anterior STEMI patients PPCI treated
- 18 (4%) demonstrated early LVT (within 1 week)
- 11/18 already within 48 hours
- Independent risk factors included
 - EF (ejection fraction) ≤ 40
 - Symptom duration and
 - TIMI flow ≤ 1

Objectives

To evaluate whether admission inflammatory biomarkers levels in AMI may predict early LVT

Methods

Study population

Included

- 207 pts. from our previous cohort
- All had admission CRP & fibrinogen

Excluded

Other reasons for elevated inflammatory biomarkersMissing data

Methods

Serum CRP and fibrinogen levels were taken prior to PPCI.

Cardiac echocardiography on days 1-2 and on days 5-7 of hospitalization

Results

Early LVT was detected in 11/207 pts. (5%)

6/11 displayed LVT on their first echo.

Results (con.)

	Thrombus n = 11	No thrombus n= 196	p value
Ejection fraction (mean ± 1 SD)	40 ± 4	44 ± 8	0.007
TIMI Flow ≤ 1	10 (91%)	120 (62%)	0.047
Fibrinogen, mg/dL (mean ± 1 SD)	398 ± 135	312 ± 82	0.063
CRP, mg/L (mean ± 1 SD)	48 ± 68	8.4 ± 21	0.001

NS-Age, gender, HTN, DM, smoking, family Hx, HPL, CAD extent, WBC, PLT, Hb, Cr, Troponin



Results (cont.)

Binary logistic regression analysis for LVT :

- EF
- Gender
- CAD extent
- TIMI flow
- lesion location
- Serum CRP ($R^2 4.36, P=0.004$)
- Fibrinogen (R² 1.006, *P*=0.033)

Conclusion:

Admission serum CRP and fibrinogen levels are independent predictors for early LVT complicating anterior wall STEMI



Anzai et al, chest 2005

Comments (cont.)

Ischemia, Myocardial damage & CRP levels

CRP in AMI :

Deposited within the necrotic area¹

- Activation of complement system²
- Increase MI size

CRP in AMI pts. may directly contribute to local inflammation and thrombus formation

1-Lagrand et al, circ 1997 2-Nijmeijer et al, AJP 2003

Clinical implications

- Admission CRP level
 - Higher risk for early LVT
 - Contrast Echo assessment
 - Continuation of anticoagulant therapy

