Elevated High Sensitivity Troponin in the Absence of Coronary Artery Disease: A Case Report

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How was the patient admitted to Emergency Unit?

- •57 years-old female
- Complaints:
 - light headedness
 - no shortness of breath, chest pain, nausea or vomiting
 - no contacts, fever, chills, cough or recent flu-like symptoms
- Further evaluations:
 - ECG → sinus rhythm with HR of 85/min & minimal ST-T

deviation

- Chest X-ray → no acute process
- Troponin T level → 22 (0-14) ng/L significant if >14 ng/L



What was the medical history?

- Past medical history of hypertension, depression, uterine cancer, cerebrovascular event and mitral valve replacement due to rheumatic valve
- 30.03.2009 cardiovascular surgery for mitral valve replacement and Clexane (low MW heparin)
 - 20.11.2012 a cerebrovascular event (left hemiplegia)
 - 2013-2014 INR follow-up twice a month
 - 23.11.2015- admission to the emergency department with chest phir
 - high-sensitivity troponin T: 0.02 ng/mL (0,02-0,06 ng/mL)
 - Hgb level: 8.4 g/dL (12,4-16 g/dL)
 - discharged with the diagnosis of myalgia and anemia

What was the medical history?



- 8.3.2016 re-admission with fatigue & anemia (Hgb 8.7 g/dL)
- 2017-2018 INR follow-up once a month
- 26.03.2019 re-admission to the emergency department with light headedness

How did we proceed?

Clinical Biochemistry!

Reason of unstable INR???

Test	Result	Reference ranges
CRP (mg/L)	7	0-5
Glukoz (mg/dL)	141	74-106
LDH (U/L)	263	0-248
TSH (mIU/L)	14.21	0.34-5.86
High-sensitivity troponin T (ng/L)	22	0-14



How did we proceed?

We followed the patient by troponin T for MI



Troponin T values did not indicate MI

One unit of blood was given for dizziness due to anemia after which Hgb was found 8 g/dL & troponin was still mildly elevated (25 ng/L) and the patient was discharged

Time	Troponin T (0-14 ng/L)	Hgb (12,5-16 g/dL)
00:30	22	7.1
03:30	30	7.0
08:00	28	-
11:20	25	7.0

The unsolved problem...

At both admissions, the patient presented with elevated troponins and discharged with elevated troponins and no definite diagnosis and was sent to the internal medicine outpatient clinic with recommendations for treatment and investigation of anemia

Clinical biochemist's role...

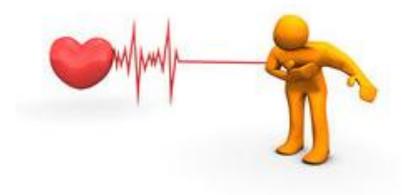
- The patient was called back after 6 months checked for troponin and NT Pro-BNP
- NT Pro- BNP: 1952 pg/mL (significant if > 900 pg/mL at 50 75 years of age)
- •Troponin T level → 25 (0-14) ng/L significant if >14 ng/L
- Echocardiography

Thyroid therapy

- The patient was diagnosed as severe aortic stenosis and hypothyroidism
- Anjiography
 No coronary problem
 Aortic valve replacement

When troponin's rise ...

- Cardiac troponins are the most sensitive and specific markers of myocardial injury
- But it is important to note that MI is certainly not the only cause for elevated cardiac enzymes, more specifically troponin



Not only troponin but also BNP test...

- Calcific aortic stenosis is a chronic, progressive disease
- During the long latent period, patients remain asymptomatic because in chronic conditions, adaptation to symptoms occurs!
- It is clear that in patients with no overt symptoms (other than may be shortness of breath, fatigue, etc.) and unexplained increased troponin values,
 - not only troponin but BNP (and NT pro-BNP) should also be the test of choice to differentiate and diagnose valvular heart disease



As a result...

- Novel high-sensitivity assays can detect subclinical myocardial damage in asymptomatic individuals
- hscTn may have utility in the assessment of asymptomatic patients with severe valvular heart disease who do not have a clear traditional indication for surgical intervention*
- The NT pro-BNP test may also be used as a reflex test for slightly elevated troponin levels in asymptomatic patients
- The importance of cardiac function tests should be discussed for more frequent follow-up of rheumatic valve patients

^{*}Guidelines on the management of valvular heart disease (version 2012): The Joint Task Force on the Management of Valvular Heart Disease of the European Society of Cardiology (ESC) and the European Association for Cardio-Thoracic Surgery (EACTS), European Heart Journal, Volume 33, Issue 19, 1 October 2012, Pages 2451–2496

