



Chronic CAD/Stable Ischemic Heart Disease

PROGNOSTIC ROLE OF TROPONIN I ELEVATION AFTER ELECTIVE PCI

Moderated Poster Contributions
Poster Sessions, Expo North
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Session Title: Stable Ischemic Heart Disease: Risk Predictors and Biomarkers
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Background: The prognostic role of minor troponin elevation after PCI is controversial.

Objective: to assess the prognostic role of troponin I (TnI) elevation after elective PCI and its relation with patients' age.

Methods: and population: The study included 1532 patients (pts) who underwent elective PCI because of anginal symptoms or inducible myocardial ischemia. In all patients TnI levels were measured every 6 hours after PCI. The TnI levels ≥ 1.0 ng/ml after PCI were considered indicative of myocardial damage. Follow-up data were obtained for 1432/1532 (93.4%) pts. The events taken into account in the follow-up were: total mortality, cardiac death, hospitalization for acute myocardial infarction and/or unstable angina.

Results: All pts were clinically stable. The following variables were predictive of MACE by univariate analysis: age ≥ 75 years ($p=0.012$), ejection fraction $<50\%$ ($p=0.001$), prior myocardial infarction ($p=0.031$) and TnI ≥ 1.0 ng/ml after PCI ($p=0.04$). In the global population multivariate analysis identified ejection fraction as the unique predictor of events (OR 0.97, 95% CI 0.95-0.99; $p=0.012$). A subanalysis was then performed to investigate the role of TnI elevation in relation to patients' age ($<75/\geq 75$ yrs) and ejection fraction ($<50/\geq 50\%$). In pts with EF $\geq 50\%$ ($n=617$) the incidence of total mortality, cardiac death, acute MI and MACE were significantly higher in the subgroup of pts ≥ 75 yrs with TnI ≥ 1.0 ng/ml. In this cohort of pts with EF $\geq 50\%$ the multivariate analysis confirmed the TnI elevation ≥ 1.0 after PCI and the older age ≥ 75 yrs as predictive of MACE (TnI: OR 2.33, 95% CI 1.01-5.37, $p=0.04$; Age: OR 1.04, 95% CI 1.01-1.08, $p=0.04$).

Conclusions: This study documented that in pts with preserved EF, regardless of age, minor TnI elevation is an independent predictor of major cardiac events in follow-up.