HIGH SENSITIVITY TROPONIN T IN CHRONIC KIDNEY DISEASE (CKD)

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OBJECTIVES

To study the influence that the degree of renal function has on levels of hs-TnT and its possible association with other cardiovascular risk factors.

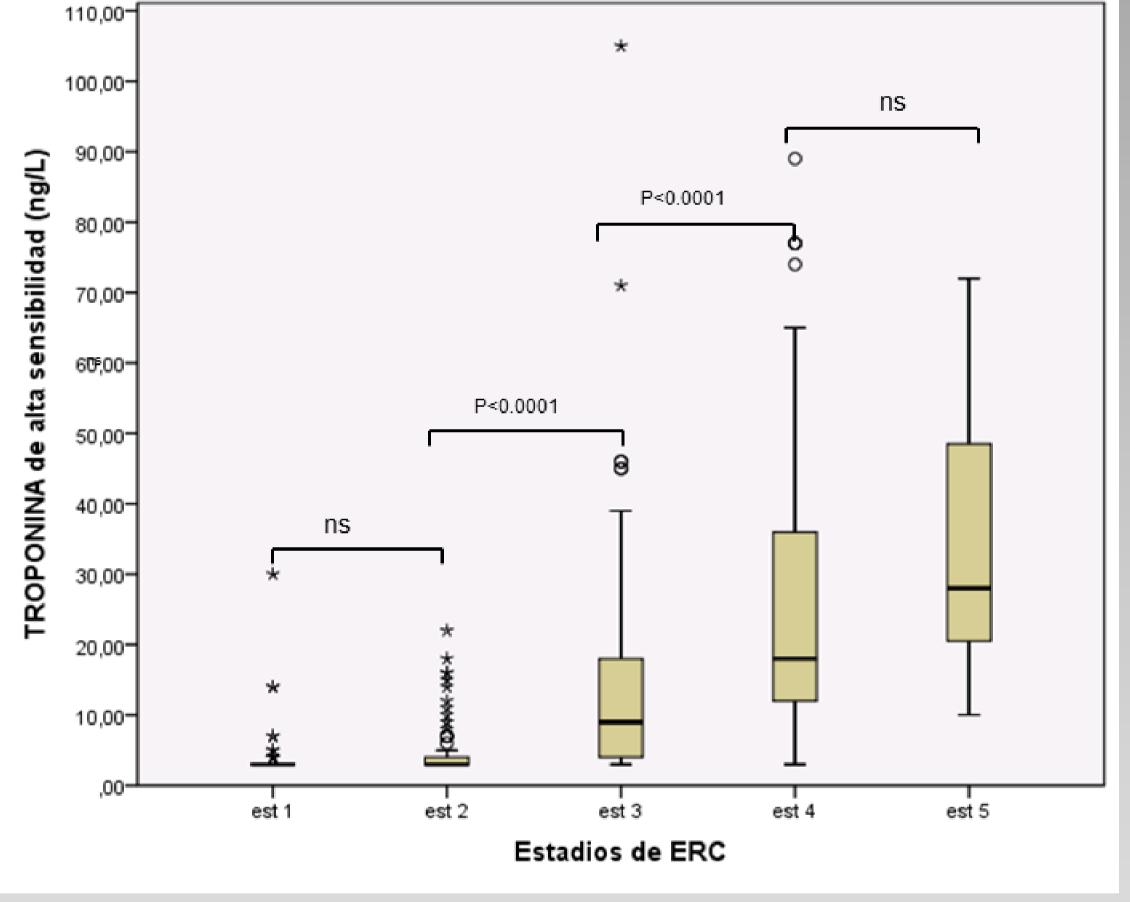
METHODS

We conducted a prospective study including 563 patients: 58% male, 32.5% diabetics, aged 64 ± 17 years, at different stages of CKD.

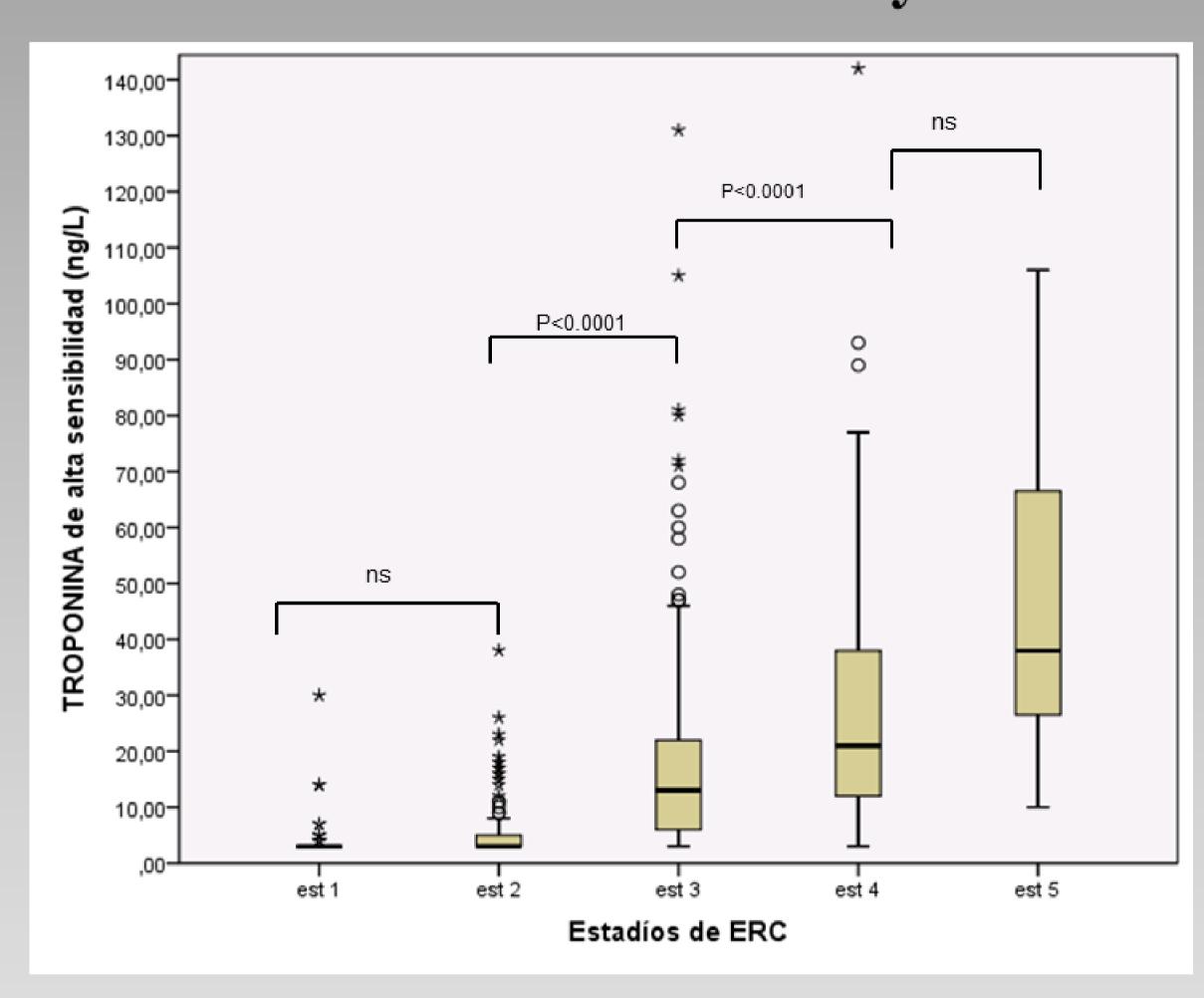
We collected clinical history, routine laboratory parameters and hs-TnT. 20% had coronary heart disease (CHD) history and 9.2% of acute myocardial infarction (AMI). Glomerular filtration rate was 50 ± 29 ml/min/m2 (MDRD-4) and 51 ± 29 mil/min/m2 (CKD-EPI). In 408 patients an echocardiogram was performed simultaneously.

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With CHD history



Without CHD history



	Beta Coeficient (95%CI)	p
Age	0.200 (0.074-0.326)	P=0.0200
CKD-EPI	-0.172 (-0.2480.097)	p<0.001
AMI	13.70 (7.947-19.45)	p<0.001
LVH	0.011 (0.007-0.015)	P<0.001

CONCLUSIONS

Hs-TnT levels increased as the severity of CKD, even without evidence of acute myocardial damage, so the value of this marker must be adjust according to the degree of renal function. hs-TnT concentrations are higher as in men, patients with history of CHD and those with left ventricular hypertrophy (LVH).

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