

Review: Troponin has prognostic value in CKD without ACS

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(HealthDay)—For patients with chronic kidney disease (CKD) without suspected acute coronary syndrome (ACS), troponin levels may have prognostic and diagnostic value, according to two reviews published online Aug. 12 in the *Annals of Internal Medicine*.

Erin D. Michos, M.D., M.H.S., from the Johns Hopkins University School of Medicine in Baltimore, and colleagues conducted a [systematic review](#) of 98 observational studies to examine the prognostic value of troponin for patients with CKD without ACS. The researchers found that, among patients receiving dialysis, elevated [troponin levels](#) correlated with all-cause and cardiovascular mortality. After adjustment for age and coronary artery disease or a risk equivalent, the pooled hazard ratios for all-cause and [cardiovascular mortality](#) were 3.0 and 3.3, respectively, for elevated troponin T and 2.7 and 4.2, respectively, for elevated troponin I.

Sylvie R. Stacy, M.D., M.P.H., from the Johns Hopkins University Bloomberg School of Public Health in Baltimore, and colleagues conducted a systematic review involving 23 studies to assess the utility of troponin in ACS diagnosis in patients with CKD with suspected ACS. The researchers found that, for ACS diagnosis, the sensitivity and specificity of troponin T ranged from 71 to 100 percent and from 31 to 86 percent, respectively. For troponin I, the sensitivity and specificity ranged from 43 to 94 percent and from 48 to 100 percent, respectively. Elevated troponin I or troponin T levels correlated with increased risk of short-term death and cardiac events.

"Researchers should continue to try to determine optimal cut points for troponin levels in various patient populations and test management strategies based on these levels," write the authors of an accompanying editorial.

More information: [Abstract - Michos](#)

[Full Text](#)

[Abstract - Stacy](#)

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