

SUMMARY AND CONCLUSION

- This work has been carried out to find correlation between cardiac troponin T and subclinical cardiovascular disease in end stage renal disease under maintenance haemodialysis.
- Our study was included 68 subjects, 58 were patients with end stage renal disease under maintenance haemodialysis, and 10 normal persons as control group.

In our study we found that:

- Cardiac troponin T is commonly elevated in end stage renal disease under maintenance haemodialysis (0.03 ± 0.03 silent ischemic VS 0.15 ± 0.2 manifest ischemia).
- The cause of elevation of troponin T in end stage renal disease under maintenance haemodialysis varies according to the pathology of the heart.
- There was statistical difference between patients with manifest ischemic heart disease and silent ischemic heart disease in relation to the level of troponin T in both groups, it was higher in manifest ischemic group than in silent ischemic group.
- There were positive correlation between ejection fraction, left ventricular mass, left ventricular systolic dimension and left ventricular diastolic dimension.
- There were positive correlation between CK – MB in control

group and patients groups in relation to troponin T.

CONCLUSION

Serum level of cardiac troponin T was high in end stage renal disease under maintenance haemodialysis associated with alteration in the measures of the echo. finding (left ventricular mass , left ventricular diastolic dimension and ejection fraction).

RECOMMENDATION

Elevated troponin T (>0.137 ng/mL) identifies a subgroup of ESRD patients who have poor survival and a high risk of cardiac death despite being asymptomatic. We must do regular check up of the troponin T especially in patients with CRF under haemodialysis with echo. changes (left ventricular mass , left ventricular diastolic dimension and ejection fraction).