INTRODUCTION

Cardiovascular diseases are among the principle causes of morbidity and mortality in children with chronic renal insufficiency. The principle alternations are left ventricular hypertrophy, vascular diseases and coronary artery disease ***(Messus et al., 2000; Vatikus, 2000).***

Cardiovascular (CV) complication accounts for more than 50% of death in children on renal replacement therapy, a much higher proportion than in the general population. Myocardial damage represents nearly half of these CV deaths ***(Parfrey and Harnett, 1994)***.

The specificity of different cardiac markers has been the subjects of many previous studies.The creatine kinase-MB (CK-MB) can be expressed up to 20% of total creatine kinase activity in human skeletal museles (ms). Therefore, CK-MB is not 100% specific for the heart. On the other hand, cardiac troponin-I has been described and shown to be 100% specific for the heart.while cardiac troponin – T is expressed in deseased and regenerating human skeletal ms. ***(Apple, 1999)***.

Therefore , troponin-I seems to be a sensitive indicatior of cardiac cell injury and measusement of troponin I seems to be usefull in ruling out cardiac injury ***(Apple, 1999)***.

AIM OF THE WORK

The aim of the work is to investigate the possible associations between cardiac troponine-I and cardiac (myocardial) damage in children with chronic renal insufficiency.