Summary

To find relation between serum cardiac Troponin I values and severity of clinical, electrocardiographic and angiographic features in unstable angina. This prospective study carried on 30 patients admitted with chest pain suggestive of unstable angina (class III) and early follow up < 15 days.

Study population involved 16 male and 14 female with a mean age of 55.83 ± 7.76.

Following clinical examination and laboratory investigation (all patients had serum determination of CK activity, the myocardiac band (isoenzyme MB) activity and quantitative cardiac Troponin I on admission and 12 hours after admission to the hospital.

Serial 12 lead E.C.G were done for all patients on admission and when needed.

Coronary arteriography was performed for all patients. Out of the 30 patients, 16 (53.3%) Troponin I was above 0.6 ug/L (Group I) and 14 (46.7%) were Troponin I below 0.6 ug/L group II).

All patients with increased CTn I above 0.6 ug/L had longer duration of pain 29 ± 15 min and 93% of them had Braunwald's class III UAP (A&B) and 15 from 16 patients (7%) had marked E.C.G. charges.

All the patients with triple vessel disease (7 patients) had CTn I above > 0.6 ug/L whereus type C lesion was observed in 12 patients with increased CTn I above 0.6 ug/L.

Four patients with culprit left main lesion had Troponin I above 0.6 ug/L. eleven patients with CTn I above 0.6 ug/L had L.V ejection fraction below 40%.

Intracoronary thrombus was present in one patients from group I. Abnormal TIMI Grade Flow (0) was present in 10 patients from group 2.

The patients with increased CTn I above 0.6 had higher rates of type C lesions, left main lesion, triple vessel disease and abnormal TIMI Flow. In keeping with these results, HRAA was more frequent in patients with elevated CTn I than in patients with normal values.

The risk of revascularization in early follow up period < 15 days was of bordeline significance in patients with increased CTn I > 0.6 ug/L. P = 0.057.