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Abbot's VS Backman VS Saha cut off della troponina I ultrasensibile nell'evoluzione del dolore toracico: predittori di outcome o semplici numeri?

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xI congresso nazionale Simeu Roma 24-26 MAGGIO 2018 With the advent of high-sensitivity troponin assays... allowing for **detection of very low levels** of troponin ...**with greater sensitivity comes the responsibility to integrate laboratory biomarker data with clinical data**.

While troponin is highly specific for myocardial necrosis, it provides no info death







Limit of Detection (ng/L)	99% (CV) (ng/L)	10% CV (ng/L)	
Hs-cTn-T			
Roche Elecsys	5.0	14 (13%)	13
Hs-cTn-I			
Abbot ARCHITECT	1.2	16 (5.6%)	3.0
Beckman ACCESS	2 to 3	8.6 (10%)	8.6
Mitsubishi Pathfast	8.0	29 (5%)	14
Nanosphere	0.2	2.8 (9.5%)	0.5
Radiometer AQT90	9.5	23 (17.7%)	39
Singulex Erenna	0.09	10.1 (9.0%)	0.88
Siemens Vista	0.5	9 (5.0%)	3
Siemens Centaur	6.0	40 (10%)	30







- Retrospective: 1st of June 2017 to 30th June 2017
- Chest pain
- hsTnI Tested
- Cardiologic competence (no traumas...)
- Total patients number: 161
- Collected age, sex, color code given at the triage, outcome (hospitalization/death or discharge) and hsTnI
- Compared 3 different methods to assess troponin and to establish pathologic cutoff: Abbott Architect, Backman Coulter DXI® and Shah new gold standard method







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Results: The need of hospitalization was associated with a value above the cut-off for each method taken into consideration in a statistically significant way, corrected for age, gender and color code:

- Abbott OR 7.74, 95% CI 2.89-20.75, p<0.001
- Backman OR 3.93, 95%CI 1.89-8.18, p < 0.001
- Shah OR 5.06, 95% CI 2.51-10.22, p < 0.001



















Conclusions

• There is not a statistically significant difference between the old and new methods taken into consideration in identifying patients who need hospitalization

• Statistically significant association between the color code given during the triage, the highly sensitive troponin I level and the outcome (hospitalization)



Grazie per l'attenzione!

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