A599 - Prognostic difference between troponin elevation meeting the mi criteria and troponin elevation due to myocardial injury in septic patients

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**Introduction:**
Troponin T (cTnT) elevation in critically ill patients is common and is associated with poor outcome. Using common assays, 40-50% of patients in the ICU will have elevated troponin level. Our aim was to determine whether there is any prognostic difference between troponin elevation meeting the MI criteria (rise and fall more than 20% together with Echo and ECG new abnormalities) and troponin elevation due to myocardial injury in septic patients.

**Methods:**
We enrolled 101 patients with sepsis and mean SOFA score 5,2 respectively in which cTnT level was measured more than once and analyzed there ECG and Echo findings. Patients were classified into three groups: definite MI (rise and fall cTnT ≥ 20% and contemporaneous changes on ECG and/or Echo), possible MI (rise and fall cTnT ≥ 20% and no other findings), myocardial injury (cTnT rise less than 20%)

**Results:**
Data from 101 patients were analyzed (49% female; mean age 61.9 (SD 16.9)). A total of 101 patients had at least one elevated cTnT more than 0,03 mkg/l. In 71 (70%) of patients cTnT level rised more than 20% from the first elevated measurement. 64 (63%) of patients met MI criteria considering new ECG and Echo findings. The overall mortality rate in all patients was 53,9%. The mortality rate didn’t differ significantly in three groups: in the definite MI group 62,4%, in the suspected MI group 52%, in the non MI cTnT elevation group 56,4%, p=0,6. Coronary angiography was performed in 46 (73%) of patients from the definite MI group, PCI was performed in 18 (39%) of patients. The mortality rate in the invasive group was not significantly lower comparing to the nonivasive group 29% vs 37,8%, p=0,06. Bleeding complications were significantly more frequent in the definite MI group 13% vs 7% and 8% respectively

**Conclusion:**
cTnT level elevation is associated with poor outcome regardless coronary or non coronary injury. Myocardial revascularization may be beneficial in patients with sepsis and definite MI, but it is also associated with increased bleeding risk.