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Hochsensitive kardiale Troponine - Trend für Entscheidungskriterien und Ist-Zustand in Europa

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Referenzen und Tabellen

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Tabelle 2: Mögliche Nomenklatur der cTn-Tests.(5)

Gering (low) sensitive (ls) Tests Älteste Tests der ersten Generation, die nur starke Troponinanstiege erfassten; sind nicht mehr auf dem Markt
Mittel sensitive (ms) Tests Tests, die noch kommerziell erhältlich sind und tw. kontemporäre Tests genannt werden. Tests sollten ein CV <10% bei der 99. Perzentile erreichen, was jedoch nicht immer der Fall ist. Nur ein geringer Anteil Gesunder wird erfasst.
Hochsensitive (hs) Tests Ein hoher Anteil Gesunder wird erfasst (>50% Gesunder, idealer Weise >95%). Tests erreichen ein CV <10% bei der 99. Perzentile.

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Ultrasensitive (us) Tests (noch nicht für die Routinediagnostik verfügbar)

Tests, die zusätzlich zu den hs-cTn Test Merkmalen noch Werte verlässlich unterhalb der untersten Messwerte Gesunder ergeben. Diese Tests erfassen demnach 100% Gesunde und deutlich tiefere Werte.

Tabelle 1: Erkrankungen mit Troponinanstiegen ohne akutem Koronarsyndrom

- Sekundäre Myokardischämie
  - Anhaltende Tachykardie oder Bradykardie ohne Koronarstenosen
  - Aortendissektion und schwere Aortenklappenerkrankungen
  - Hypotension (z.B. Schock)
  - Hypertensive Krise (insbesondere bei LV-Hypertrophie)
  - Akute und chronische Herzinsuffizienz ohne begleitende Koronargefäßerkrankung*
  - Hypertrophe obstruktive Kardiomyopathie*
  - Vaskulitis mit Beteiligung der Koronargefäße (z.B. systemischer Lupus erythematodes, Kawasaki Syndrom)
  - Intoxikation mit Sympathomimetika (z.B. Kokain) oder zentral nervös ausgelöster „sympathetical storm“ bei schwerer ZNS Schädigung (z.B. Subarachnoidalblutung*, ischämischer Insult*, intrazerebrale Blutung*, Status epileptikus)
- Ursachen ohne Myokardischämie
  - Myokardkontusion
  - Mehrfache Defibrillationen
  - Interventionen am Herzen (z.B. Herzoperationen, Myokardbiopsie, Radiofrequenzablation)
  - Rhabdomyolyse mit kardialer Beteiligung*
  - Myokarditis
  - Kardiotoxische Substanzen (z.B. Anthrazykline, Herceptin, 5-Fluorouracil, Kohlenmonoxidvergiftung)
  - Schwere Verbrennungen (>30 % der Körperoberfläche)
- Unbekannte oder multifaktorielle Ursachen
  - Tako-Tsubo-Kardiomyopathie („apical ballooning“)
  - Schwere Pulmonalembolie oder pulmonale Hypertension
  - Peripartum Kardiomyopathie
  - Niereninsuffizienz
  - Kompression bei Infiltration (z.B. Amyloidose*, Sarkoidose, Hämochromatose)
  - nach extremem Ausdauersport
  - Sepsis
  - Akutes Lungenversagen

*Krankheitsbilder, bei denen die Bedeutung der Troponinbestimmung zur Risikostratifizierung bereits gezeigt und publiziert wurde.
Abkürzungen: LV, linker Ventrikel; ZNS, Zentralnervensystsem