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THE CLINICAL VALUE OF MYOCARDIAL ENZYMES AND TROPONIN I COMBINED DETECTION FOR EARLY DIAGNOSIS OF ACUTE MYOCARDIAL INFARCTION

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Objectives To investigate the clinical value of myocardial enzymes and troponin I combined detection for early diagnosis of acute myocardial infarction.

Methods 168 patients with acute chest pain were detected of myocardial enzymes (AST and LDH, CK, CK-MB) and troponin I, which were used to calculate the specificity and sensitivity.

Results Out of 48 cases of acute myocardial infarction patients, 41 cases of myocardial enzymes increased, the sensitivity was 85.4%, but 43 cases of cardiac troponin I were positive, the sensitivity was 89.6%. Out of 21 cases of ST-segment elevation acute myocardial infarction (STEMI) patients, 20 cases of myocardial enzyme increased and 21 cases of cardiac troponin I were positive. Out of 27 cases of non-ST-segment elevation acute myocardial infarction (NSTEMI) patients, 23 cases of myocardial enzyme increased and 25 cases of cardiac troponin I were positive. Out of 120 cases of non-acute myocardial infarction patients, 10 cases of myocardial enzymes increased, the specificity was 91.7%, but 5 cases of cardiac troponin I were positive, the specificity was 95.8%.

Conclusions Combined detection of myocardial enzymes and troponin I in acute myocardial infarction has high specificity and sensitivity and has important clinical value of early diagnosis of acute myocardial infarction.