

## Troponin testing in potential acute myocardial infarction (MI)

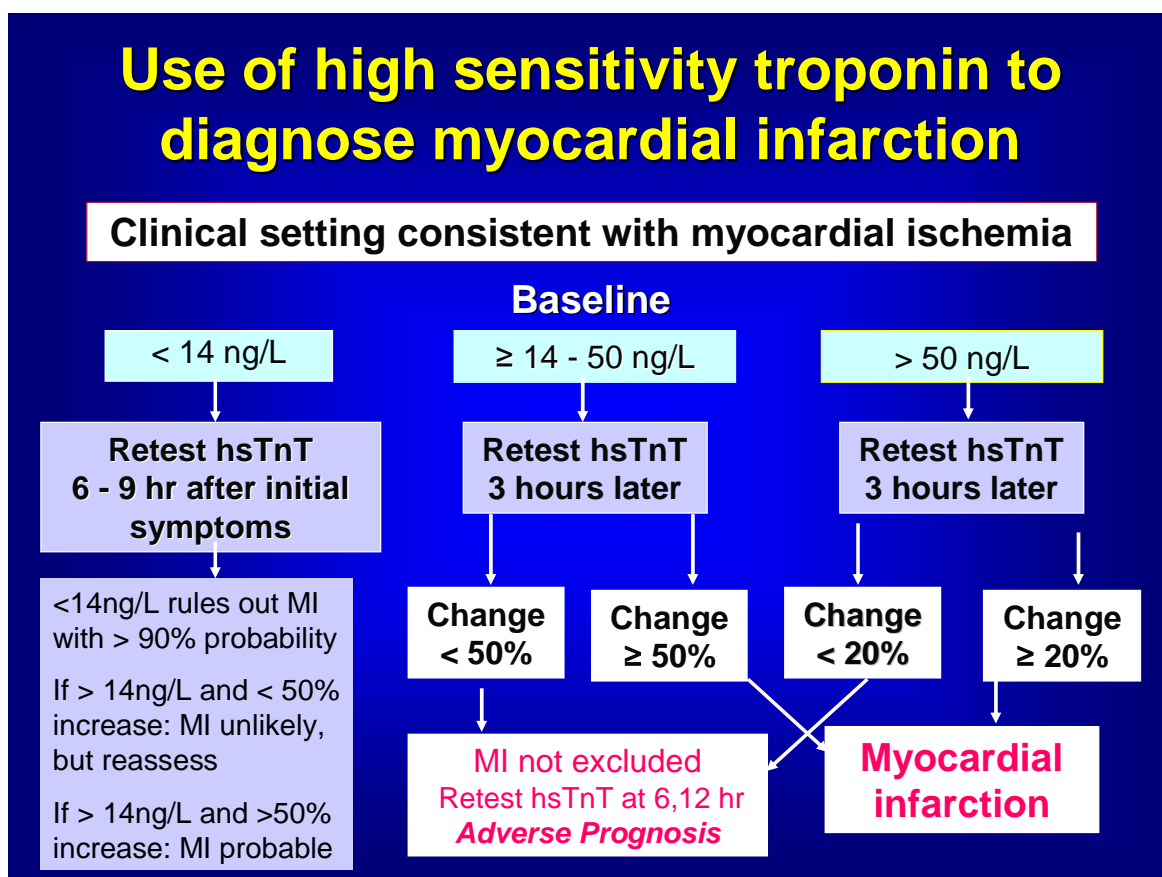
The best use of troponin testing in primary care is to rule out MI in the stable, low probability patient who is presenting late after symptoms.

**It is not an appropriate test for acute cases with a high probability of MI. These patients should be admitted to hospital.**

The improved sensitivity of the new test will allow more secure rule out of MI (a result of <14ng/L more than 9 hours after symptoms makes MI very unlikely).

However, greater sensitivity comes with decreased specificity and this means there will be more positive tests in the absence of MI, especially in the range of 14-50ng/L. These may be caused by such conditions as pulmonary embolism, congestive heart failure, rapid atrial fibrillation, heart block, ventricular tachycardias, exacerbations of COPD and end stage renal failure.

All such results should be considered to be a significant abnormality, whether due to MI or not. The laboratory will phone abnormal results to the referring doctor or their deputy as a matter of urgency, and a contact number is required with all requests for troponin, especially if the result is likely to become available after the surgery has closed.



The key point is the need to have at least TWO samples and significant change to make a firm diagnosis of myocardial infarction and, whatever the results, clinical judgement is required to interpret their relevance to the particular presentation.