

Assessment of Acute Myocardial Infarction by the Use of Special Biochemical Markers

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Letter to the editor,

With great interest I read the article titled "Assessment of Acute Myocardial infarction by the use of special biochemical markers" by Rihab Akasha, Amanullah Mohammed, Parween Ali Syed, Eltom Sirageldin, Elrahim Mohammed, Modawe Gad Allah. The work done was commendable (1).

Biochemical markers used as AMI diagnostic tests are often used in patients with acute chest pain (2). According to the World Health Organization, AMI diagnosis is based on at least 2 of following three criteria: Chest pain, ECG changes, cardiac enzyme increase (3, 4).

This study was undertaken with the main objective of estimation of serum Myoglobin as cardiac marker for diagnosis of myocardial infarction and compare it with conventional cardiac parameters for early detection of myocytic damage. It is intended of thanks to the parameters was to determine the earliest and most sensitive parameter AMI. Myoglobin and ck-mb were found to be the most sensitive test for AMI determination in terms of elevation in the early hours. Even though it is

a correct point of view, Troponin I-T, which has the highest cardiac muscle specificity, is currently used in emergency departments. In emergency department these tests are not primer providers for PCI for patients with acute chest pain who do not have ECG findings.

Troponin I-T is much more valuable in patients with acute chest pain and AMI in the differential diagnosis of patients presenting to the emergency surgeries and in non-stemy conditions without ECG changes, which leads to a faster PCI decision.

Reference

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