**SERIAL MEASUREMENTS OF TROPONIN AFTER AN ACUTE CORONARY SYNDROME**

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Objective: Evaluate serial measurements of troponin in ACS and its relation to prognosis.

Methods: Observational, prospective study included 205 consecutive patients with ACS, hospitalized to 01-01-2010 to 15.01.2011. Was assessed at baseline and one year clinical, ECG, echocardiographic. Blood samples were taken at baseline, 1 month, 6 months and 1 year, measuring cTnT values.

Results: Patients were divided into 3 groups: A: 25ptes (12.2%) UA; B:85 non-STEMI (41.4%) and C:95 STEMI (46.4%). The mean baseline cTnT in group A was<0.01ng/dl, group B: 6.99ng/dl +/-3.5 and group C: 13.09ng/dl+/-5.42. One month was 0, 0.15ng/dl + /-0.02; 0.04+/-0.021 and 0.11+/-0.34ng/dl for groups A, B and C respectively. At 6 months, 0.03+/-0.02, 0.22 +/-0021 and 0035+/-0.35 ng /dl for groups A, B and C respectively and the year of 0.012+/-0.33, 0.21 +/-0.25 and 0.26 +/-0.44 ng/dl. There was a significant deference between troponin baseline and 1 month (p=0.01), 1 month and 6 months (p<0.01) and 6 months and 1 year (p = 0.0139). Cox proporcional model was constructed to see predictors: troponin T persisted as an independent variable in the analysis (95% CI 2.5-4.3 OR3.5), together with HF (OR 3.2 95% CI 2.1-4.5) and age OR 1.15 (1.05-1.19).

Conclusions: Patients with ACS have elevated troponin levels at admission, and persist in following small elevations, which support the idea of persistent elevation of troponin, a concept to keep in mind at the time of diagnosis of stroke during follow-up of ACS in patients with chronic heart disease. Troponin is an independent predictor of mortality follow-up