



The compact, fully automatic Immunoassay Analyzer

PATHFAST®

Troponin I or Troponin T ?

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What to use for diagnosis of AMI? (Acute Myocardial Infarction)

There are many scientific papers published about the diagnostic value of using Troponin in the diagnostic of myocardial infarction. Summary and outcome of studies are :

- Troponin T and Troponin I are both good for diagnosis
- There are more papers and studies showing quality of Troponin I
- Troponin T can only be purchased by Roche Diagnostics
- In rare cases Renal Diseases can affect the Troponin T result

Both Trop I and Trop T can be used however Trop I is better documented in literature and is less interfered by special patient samples.

Which Trop I to use for maximum diagnostic security ?

There are many different Troponin I assays (> 15) available for routine testing on central lab analysers. They all differ in sensitivity and cut off values.

Only a few assays fulfil IFCC quality criteria for cardiac Troponin assays. IFCC and ESC/ACC recommendations :

- Antibody specificity in stable part of molecule
- Natural calibration material used in blood
- Variety of sample material be used
- Detection limit should be 5 times lower than cut off value
- Total imprecision should be less than 10% at clinical decision level

An italian Multi Center Study has shown that currently only the Pathfast Troponin I fulfils all IFCC and ESC/ACC recommendations. The very low cut off of 0,02 ng/ml allows to detect more positive patients with major and minor AMIs than any other Troponin I assay which have higher cut offs. So convincing reasons to use Pathfast Troponin I assay are :

Only assay that satisfies all IFCC/ESC/ACC recommendation.

Assay which has lowest sensitivity among POCT and lab routine analysers

Only assay that measures Trop I sensitive in whole blood

(If you would like to receive more detailed information please let us know)