National Institutes of Health / U.S. National Library of Medicine



REVIEWED By Chris Tighe at 4:16 pm, Mar 30, 2016

<u>Home</u> \rightarrow <u>Medical Encyclopedia</u> \rightarrow Troponin test

URL of this page: //www.nlm.nih.gov/medlineplus/ency/article/007452.htm

Troponin test

A troponin test measures the levels troponin T or troponin I proteins in the blood. These proteins are released when the heart muscle has been damaged, such as occurs with a heart attack. The more damage there is to the heart, the greater the amount of troponin T and I there will be in the blood.

How the Test is Performed

A blood sample is needed.

How to Prepare for the Test

No special steps are needed to prepare, most of the time.

How the Test will Feel

You may feel slight pain or a sting when the needle is inserted. You may also feel some throbbing at the site after the blood is drawn.

Why the Test is Performed

The most common reason to perform this test is to see if a heart attack has occurred. Your doctor will order this test if you have chest pain and other signs of a heart attack. The test is usually repeated two more times over the next 6 to 24 hours.

Your doctor may also order this test if you have angina that is getting worse, but no other signs of a heart attack. (Angina is chest pain thought to be from a part of your heart not getting enough blood flow.)

The troponin test may also be done to help detect and evaluate other causes of heart injury.

The test may be done along with other cardiac marker tests, such as CPK isoenzymes or myoglobin.

Normal Results

Cardiac troponin levels are normally so low they cannot be detected with most blood tests.

Having normal troponin levels 12 hours after chest pain has started means a heart attack is unlikely.

A normal value range may vary slightly among different laboratories. Some labs use different measurements or test different samples. Also, some labs have different cutoff points for "normal" and "probable myocardial infarction." Talk to your doctor about the meaning of your specific test results.

What Abnormal Results Mean

Even a slight increase in the troponin level will often mean there has been some damage to the heart. Very high levels of troponin are a sign that a heart attack has occurred.

Most patients who have had a heart attack have increased troponin levels within 6 hours. After 12 hours, almost everyone who has had a heart attack will have raised levels.

Troponin levels may remain high for 1 to 2 weeks after a heart attack.

Increased troponin levels may also be due to:

- Abnormally fast heart beat
- High blood pressure in lung arteries (pulmonary hypertension)
- Blockage of a lung artery by a blood clot, fat, or tumor cells (pulmonary embolus)
- Congestive heart failure
- Coronary artery spasm
- Inflammation of the heart muscle usually due to a virus (myocarditis)
- Prolonged exercise (for example, due to marathons or triathlons)
- Trauma that injures the heart, such as a car accident
- Weakening of the heart muscle (cardiomyopathy)
- Long-term kidney disease

Increased troponin levels may also result from certain medical procedures such as:

- Cardiac angioplasty/stenting
- Heart defibrillation or electrical cardioversion (purposeful shocking of the heart by medical personnel to correct an abnormal heart rhythm)

- Open heart surgery
- Radiofrequency ablation of the heart

Alternative Names

TroponinI; TnI; TroponinT; TnT; Cardiac-specific troponin I; Cardiac-specific troponin T; cTnI; cTnT

References

Anderson JL. ST segment elevation acute myocardial infarction and complications of myocardial infarction. In: Goldman L, Schafer AI, eds. *Cecil Medicine*. 24th ed. Philadelphia, PA: Elsevier Saunders; 2011:chap 73.

O'Gara PT, et al. 2013: ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction. *Circulation*. 2013;127:e363-e425.

Patil H, Vaidya O and Bogart D. A review of causes and systemic approach to cardiac troponin elevation. Clin Cardiol. 2011 Dec;34(12):723-8. PMID: 22120679 www.ncbi.nlm.nih.gov/pubmed/22120679 [https://www.ncbi.nlm.nih.gov/pubmed/22120679].

Sabatine MS, Cannon CC. Approach to the patient with chest pain. In: Bonow RO, Mann DL, Zipes DP, Libby P, eds. *Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine*. 9th ed. Philadelphia, PA: Elsevier Saunders; 2011:chap 53.

Update Date 1/17/2014

Updated by: Michael A. Chen, MD, PhD, Associate Professor of Medicine, Division of Cardiology, Harborview Medical Center, University of Washington Medical School, Seattle, Washington. Also reviewed by David Zieve, MD, MHA, Bethanne Black, and the A.D.A.M. Editorial team.



A.D.A.M., Inc. is accredited by URAC, also known as the American Accreditation HealthCare Commission (www.urac.org). URAC's <u>accreditation program</u> is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and

accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s <u>editorial policy</u>, <u>editorial process</u> and <u>privacy policy</u>. A.D.A.M. is also a founding member of Hi-Ethics and subscribes to the principles of the Health on the Net Foundation (www.hon.ch).

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed physician should be consulted for diagnosis and treatment of any and all medical conditions. Call 911 for all medical emergencies. Links to other sites are provided for information only -- they do not constitute endorsements of those other sites. Copyright 1997-2016, A.D.A.M., Inc. Duplication for commercial use must be authorized in writing by ADAM Health Solutions. #ADAM

U.S. National Library of Medicine 8600 Rockville Pike, Bethesda, MD 20894 U.S. Department of Health and Human Services National Institutes of Health Page last updated: 02 March 2016