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NT-proBNP as a Diagnostic Marker in CCF

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Abstract

Introduction-? Heart failure prevalence is raising throughout the world.? The overall prevalence of HF is thought to be increasing because current therapies for cardiac disorders, such as Myocardial Infarction (MI), Valvular Heart Disease, and Arrhythmias, are allowing patients to survive longer. ? American Heart Association (AHA) guidelines define HF as a "Complex clinical syndrome that results from structural or functional impairment of ventricular filling or ejection of blood, which in turn leads to the cardinal clinical symptoms of dyspnea and fatigue and signs of HF namely edema and rales". ? Making the correct diagnosis in patients with Suspected Acute Heart Failure is challenging, and confirmatory in only 40-50

Index terms—

1 III. Results

Comparison of mean NT-proBNP: IV. Discussion

? Among 30 controls: 1. 29 had NT-proBNP levels within normal range for their age. 2. 1 had elevated level of NT-ProBNP for their age.

? Among 30 cases: 3. 24 had NT-ProBNP level elevated for their age and were diagnosed to have congestive cardiac failure. 4. 6 had NT-ProBNP levels within normal limits for their age. These 6 patients had a normal 2D-ECHO. Breathlessness in these patients was due to non cardiac cause.

2 ETIOLOGY OF AMONG 30 CASES

ETIOLOGY OF DYSPNEA AMONG 30 CASES [1]

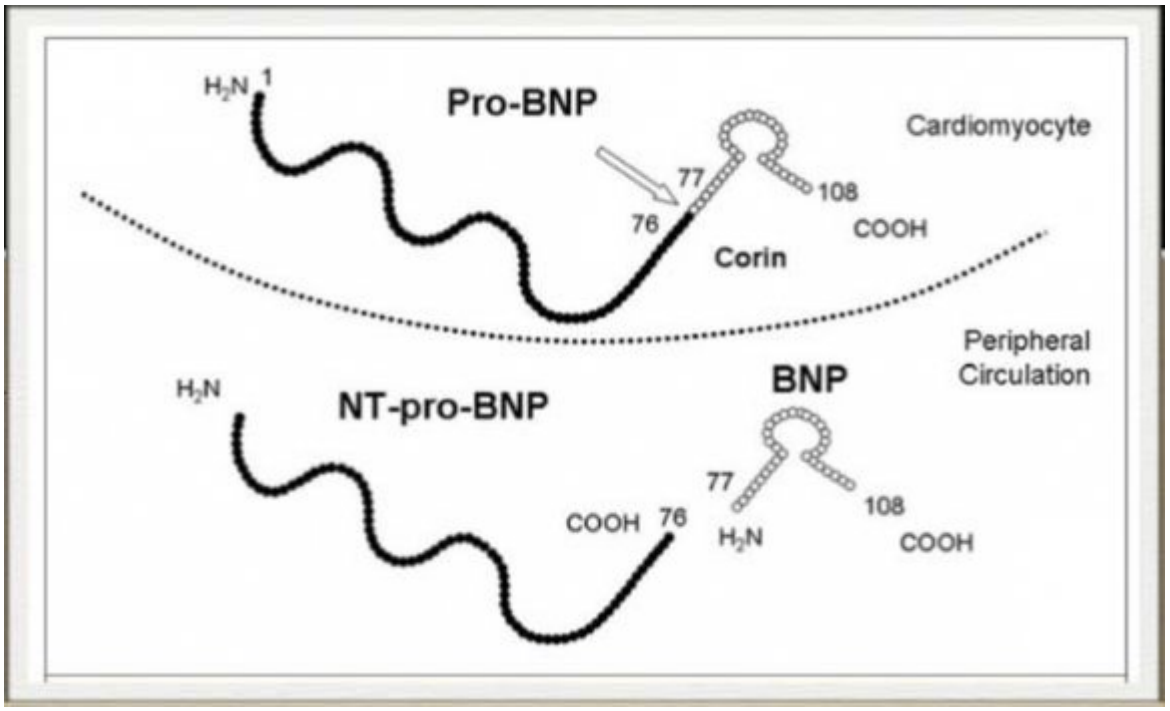
H2N 1
Pro-BNP
Cardiomyocyte
77
108
76
COOH
Corin
Peripheral
Circulation
H2N
NT-pro-BNP
BNP
77
108
COOH 76
H2N
COOH

Figure 1: ?

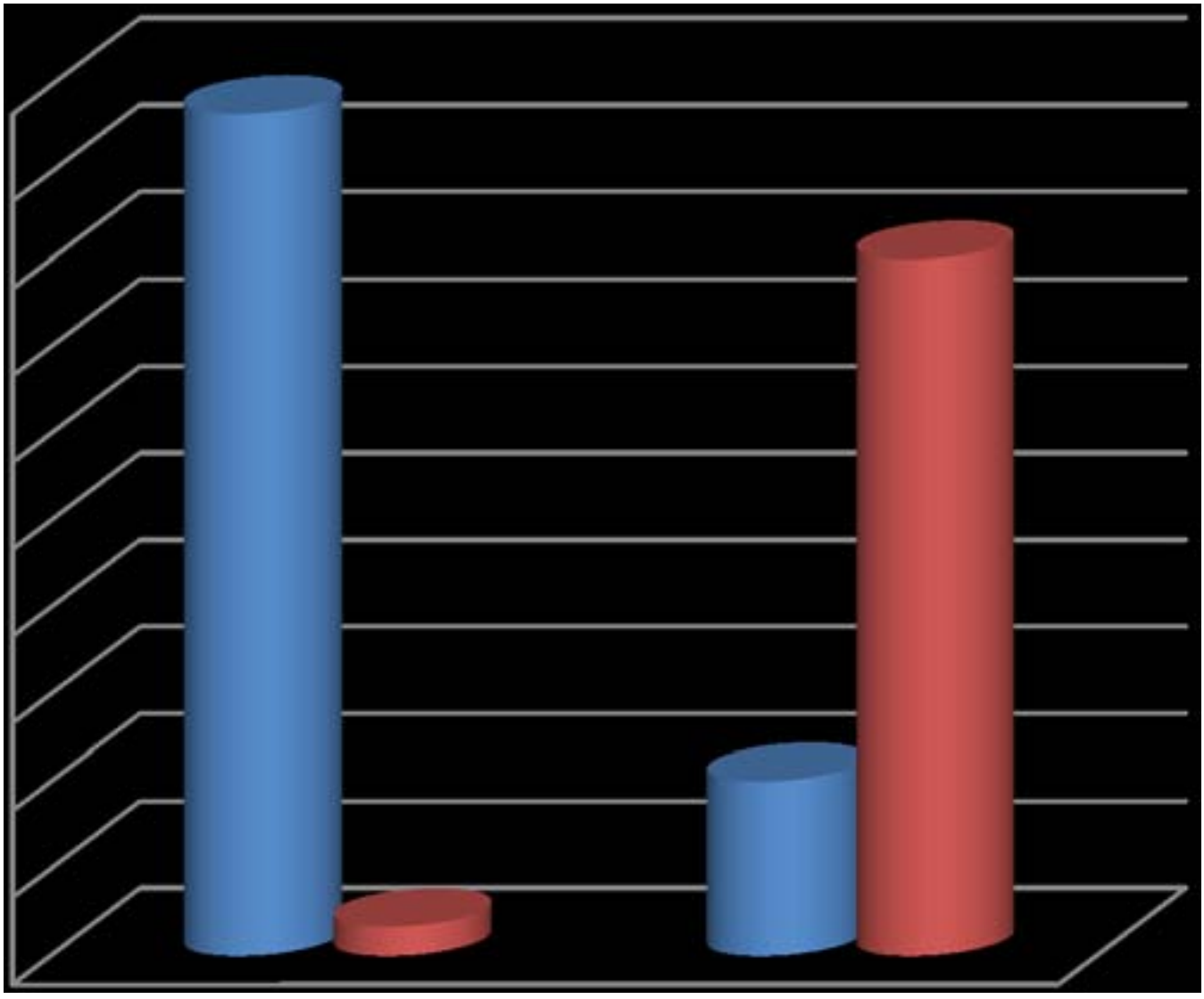

Figure 2:

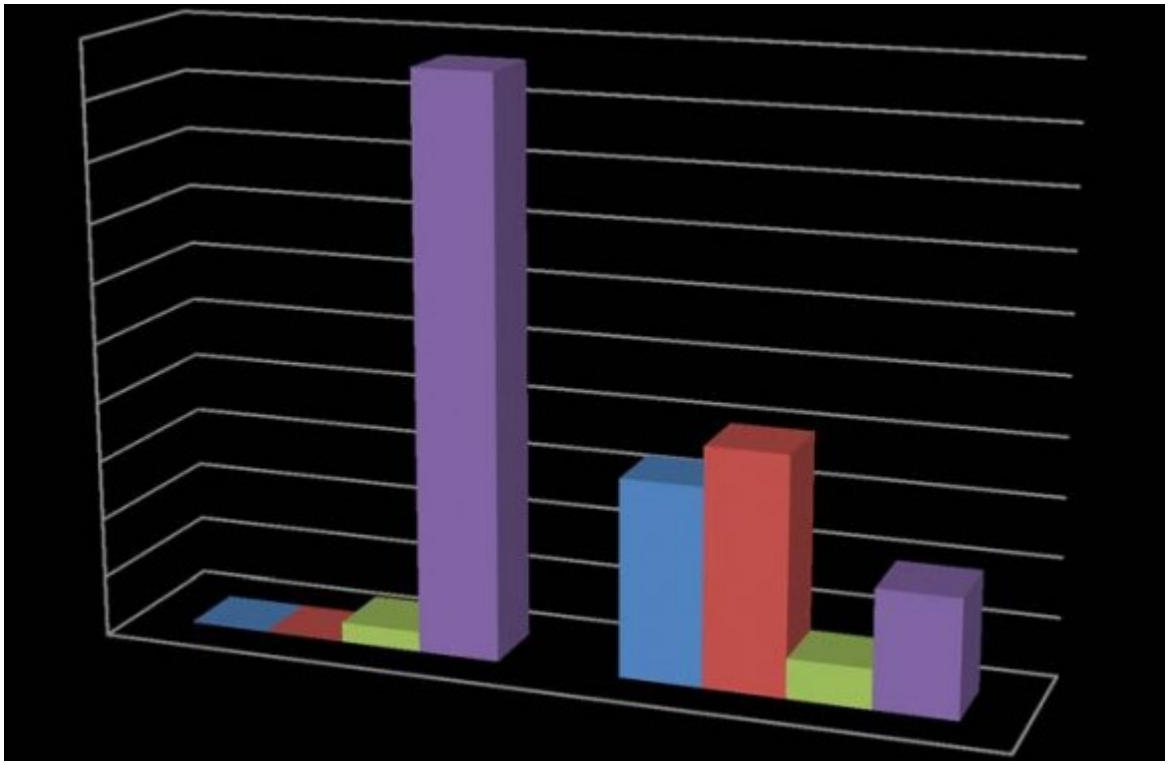

Figure 3:

? CASES: Patients suspected to have heart failure based on history, Clinical examination and ECG (Age and Sex Matched individuals).
? CONTROLS: Patients without heart failure and diseases mentioned in Exclusion Criteria.
? In our study cutoff levels for NT-pro BNP was

1. >450 pg/ml for those aged < 50 years.
2. >900 pg/ml for those aged 50-70 years.

a) Inclusion Criteria
1. Age 40-70 years.

2. b) Exclusion Criteria
1. Cor pulmonale.
2. Sepsis. 3. Lung Cancer.
4. Pulmonary Embolism.
5. ARDS.
6. Liver Cirrhosis.
7. Renal failure.
8. Patients not willing to participate in the study.

Figure 4: ?

V. Discussion
? The mean value of NT-proBNP raises with
100.00% decreasing EF. NT-ProBNP values have a inverse
100.00% relationship with Ef Values. There was a strong
correlation between the 2 variable with a p value of 90.00% <0.001 80.00% ? There is a raise in NT-proBNP
70.00% NYHA grades. There was a significant correlation
40.00% 50.00% between the 2 variables with a 'P' value of 0.049 60.00% ? The mean NT-ProBNP Value am

30.00% significant with a 'P' value of <0.001.
20.00% VI. Conclusion
0.00% 10.00%

0.00%
0.00%
0.00%
Control(N30)

[Note: 1]

Figure 5: Comparison of Mean EF values

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