

**Detection
of severity of Acute Coronary Syndrome using N-
Terminal PRO-BNP and as a prognostic
marker**

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Abstract

Key Words: Acute coronary syndrome, brain (B-type) natriuretic peptide (BNP), N-terminal fragment of proBNP (NT-proBNP)

Background: Patients with unstable CAD encompass a heterogeneous group that varies widely regarding severity of the underlying coronary artery disease, prognosis and response to treatment. Patients with the highest risk of subsequent events usually have the largest benefit of an intensified pharmacological treatment and early mechanical intervention. Therefore, risk stratification is essential and should be initiated early and updated continuously throughout the hospital stay. Early risk stratification is usually performed by the use of clinical presentation, electrocardiography, and biochemical markers of myocardial damage. Levels of natriuretic peptides have been shown to reflect cardiac performance and there is an emerging role of these peptides in the early risk stratification of unstable CAD patients.

Aim of the study: To study the prognostic value of natriuretic peptides in patients with acute coronary syndrome..

Conclusion: Our study demonstrated that Serum N Terminal BNP can be used as a biomarker to detect severity of the lesion and follow up patients with CAD. N Terminal BNP was the only biomarker that is significantly higher in more severe coronary artery affection. Also there is a trend toward higher mortality with increasing levels of N terminal BNP and this was statistically significant.

