NT-proBNP in Acute Coronary Syndrome: Is It Really There Yet?

To the Editor:

I read the article by Haaf et al with great interest. This study reaffirmed the prognostic use of N-terminal pro B-type natriuretic peptide (NT-proBNP) in patients with acute coronary syndrome. It also claimed that NT-proBNP improves the diagnosis of acute myocardial infarction. In this study, the area under the curve was 0.79, 0.89, and 0.91 for NT-proBNP, cardiac troponin T, and both together, respectively. Although there was statistical significance ($P = .033$), the difference was probably not enough to implement routine use of NT-proBNP in diagnosis of myocardial infarction.

The prognostic utility of NT-proBNP in patients with acute coronary syndrome has been well demonstrated in multiple studies over the past decade. Haaf et al rightly stated that elevated NT-proBNP levels could reflect ischemic burden along with hemodynamic stress. They also claimed that the prognostic performance of NT-proBNP is better than Thrombolysis in Myocardial Infarction (TIMI) risk score in determining all-cause mortality. However, in another recent study, addition of NT-proBNP to Global Registry of Acute Coronary Events (GRACE) risk score had only limited incremental prognostic value. Further prospective studies are definitely needed before we include natriuretic peptides in an acute coronary syndrome management algorithm.

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References

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