Elevations of Troponins without Overt Ischemic Heart Disease

- Trauma (including contusion, ablation, pacing, ICD firings including atrial defibrillators, cardioversion, endomyocardial biopsy, cardiac surgery, after interventional closure of ASDs)
- Congestive heart failure—acute and chronic
- Aortic valve disease and hypertrophic obstructive cardiomyopathy with significant LVH
- Hypertension
- Hypotension, often with arrhythmias
- Postoperative noncardiac surgery patients who seem to do well
- Renal failure
- Critically ill patients, especially with diabetes, respiratory failure, gastrointestinal bleeding, sepsis
- Drug toxicity, (e.g., adriamycin, 5FU, Herceptin, snake venoms, carbon monoxide poisoning)
- Hypothyroidism
- Abnormalities in coronary vasomotion, including coronary vasospasm
- Apical ballooning syndrome
- Inflammatory diseases (e.g., myocarditis, Parvovirus B19, Kawasaki disease, sarcoid, smallpox vaccination, or myocardial extension of bacterial endocarditis)
- Post PCI patients who appear to be uncomplicated
- Pulmonary embolism, severe pulmonary hypertension
- Sepsis
- Burns, especially if total body surface area is > 30%
- Infiltrative diseases including amyloidosis, hemachromatosis, sarcoidosis and scleroderma
- Acute neurological disease, including cerebrovascular accident, subarachnoid bleeds
- Rhabdomyolysis with cardiac injury
- Transplant vasculopathy
- Vital Exhaustion