**ELEVATED TROPONINS IN A PATIENT WITHOUT MYOCARDIAL INJURY-**

**AN INTERESTING CASE WITH MURAL THROMBUS IN THORACIC AORTA**

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*Introduction:* Cardiac troponin is the most specific and sensitive marker of myocardial cell injury and has replaced CK-MB as gold standard. Elevated cardiac troponins indicate the presence of, but not the underlying cause for myocardial injury. Abnormal troponin values have been described in various conditions such as myocarditis, acute heart failure, pulmonary-embolism, septic shock, renal failure, cardio-toxic drugs, and also following procedures such as coronary angioplasty, electrical cardioversions and electrophysiological ablations.

*Case:* 85 year old African-American lady with history of asthma and COPD presented with chest pain radiating to right arm and dyspnea at rest, found to have acute elevation in cardiac troponins (13.2 from 3.7) with normal EKG, normal EF and no wall motion abnormalities on echo, with patent coronary arteries on cardiac catheterization. After ruling out ischemic causes of elevated troponins, she was evaluated with a CTA chest, which showed a 10 cm long thrombus in the descending thoracic aorta without any evidence of acute dissection or mediastinal hemorrhage, thought to be the cause for acute elevation in cardiac enzymes. Patient was managed medically and discharged home after improvement of symptoms.

*H:\CABG 2016\CAT.tifDiscussion:* In the clinical setting, it is difficult to interpret dynamic changes of troponin in non-coronary conditions. The current treatment strategy for patients with elevated troponin and non-acute coronary syndrome is to treat the underlying cause. In our case, elevated troponins may be due to prolonged ischemia which lead to cell-membrane degradation followed by the release of myofibril-bound cytosolic complexes. To our knowledge, this is the first case to be reported with elevated troponin secondary to extensive mural thrombus in the thoracic aorta without evidence of dissection. Though a rare cause of troponinemia, clinicians should be cautious in evaluating patients presenting with a clinical picture of NSTEMI and should suspect aortic-thrombosis or mediastinal hemorrhage in atypical cases.