



Basic Skills in Interpreting Laboratory Data

Fifth Edition

Mary Lee

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Other biochemical markers include serum amyloid A and interleukin-6, which are acute phase inflammation markers and have been shown to predict an increased risk of adverse outcomes of ACS patients.^{72,72} Fibrinopeptide and fibrinogen, two markers of coagulation cascade activity, also appear to be associated with an increased risk and a poor clinical outcome in patients with UA.^{73,74} Myeloperoxidase, a hemoprotein with microbicidal activity has been shown to have pro-atherogenic properties, leading to CAD and ACS. Several studies have revealed that elevated serum and plasma levels of myeloperoxidase are independent predictors of outcomes in patients presenting with ACS.⁷⁵⁻⁷⁷ In addition, microalbuminuria has been shown in a limited number of studies to be an independent predictor of CAD and a strong prognostic marker in patients with AMI.⁷⁸⁻⁸¹

Miscellaneous Laboratory Tests

A number of noncardiac specific laboratory abnormalities may be manifested in patients with AMI. These include nonspecific elevation of serum glucose, white blood cells, and erythrocyte sedimentation rate (ESR), and alterations in lipid profile findings. Recognition of these abnormalities as secondary to AMI precludes misinterpretation or misdiagnosis of other disorders.

Serum Glucose

Normal range: 70–110 mg/dL or 3.9–6.1 mmol/L, preprandial

Following AMI, patients may present with elevations of serum glucose, apparently related to stress, and may

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