Plasma enzyme pattern

in Acute Myocardial infarction, Liver Diseases and Muscle Disorders

Objectives:

- **1.** To study the patterns of plasma enzymes in acute myocardial infarction.
- 2. To study the patterns of plasma enzymes in liver diseases.
- **3.** To study the patterns of plasma enzymes in muscle disorders.

<u>Enzyme Diagnosis in</u> <u>Acute Myocardial Infarction</u> (Acute MI)

Enzymes used are:

- **1. CK-MB**
- 2. CK
- 3. AST
- 4. LDH1

These enzymes are useful in:

- 1. Confirming the diagnosis of MI.
- 2. Assessing MI severity.
- 3. Following the progress of MI.

<u>*CK-MB*</u> is the most sensitive and specific indicator of myocardial damage. It is the first enzyme start to rise in the plasma soon after the occurrence of acute MI

<u>PRACTICALLY, CK-MB is the most useful plasma enzyme used</u> in the diagnosis of acute MI.

Creatine Kinase- MB (CK-MB):

- ONSET (hours): 2 6
- PEAK (hours): 16 20
- DURATION (days): 2-3

ENZYME PATTERNS IN LIVER DISEASE

In Parenchymal liver disease (Hepatocellular damage) :

<u>Release of soluble cytoplasmic enzymes, and to a lesser extent, mitochondrial</u> <u>enzymes:</u>

AST, ALT

<u>AST:</u> has cytoplasmic and mitochondrial isoenzymes

<u>ALT:</u> has cytoplasmic isoenzymes

In <u>Cholestatic liver disease (Cholestasis) :</u>

Release of membrane associated enzymes:

- 1. Alkaline Phosphatase.
- 2. Gamma Glutamyl Transferase.
- 3. 5`- Nucleotidase.

In Cholestatic liver disease (Cholestasis) :

<u>These enzymes (Alkaline Phosphatase, Gamma – Glutamyl Transferase, and 5⁻–</u> <u>Nucleotidase</u>) are elevated in hepatobiliary disease. They are increased slightly <u>in intrahepatic cholestasis. However, their levels are markedly elevated in</u> <u>extrahepatic cholestasis.</u>

Pattern	(Hepatocellular and Cholestatic LFTs)				
	AST	ALT	GGT	ALP	<u>5`N</u>
Hepatitis	ተተተ	ተተተ	↑	↑	\uparrow
Cholestasis	↑	$\mathbf{\uparrow}$	ተተተ	ተተተ	$\uparrow\uparrow$

\uparrow	: Mild elevation (< twice normal)
$\uparrow\uparrow$: Moderate elevation (2-5 times normal)
ተተተ	: Marked elevation (> 5 times normal)

Plasma ENZYME pattern In Muscle disorders

1. Creatine phosphokinase-3 (CPK-3)

A. It is greatly elevated in:

- 1. Dystrophies
 - (e.g. Duchenne muscular dystrophy)
- 2. Inflammatory muscle disorders
 - (e.g. Polymyositis, dermatomyositis)

B. It is mildly to moderately elevated in:

- **1.** Acute muscle injury
- 2. Post operatively
- 3. After heavy exercise
- 4. Following I.M. injection

C. It remain normal in:

- 1. Mysthenia gravis
- 2. Lambert Eaton myasthenic myopathic syndrome (LEMS)
- 3. Myotonias
- 4. Chronic partial denervation

2. Lactate dehydrogenase-5 (LDH-5)

IT IS ELEVATED IN THE FOLLOWING MUSCLE CONDITIONS:

- 1. Acute muscle injury 2. Myositis
- 3. Vigorous exercise 4. I.M. injection
- 5. Muscular dystrophies 6. Post operative

3. Aspartate aminotrasferase (AST)

(Serum glutamate oxaloacetate transaminase "SGOT"

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