



Letter to the Editor

Hepatitis B carrier on cardiac troponin I



Dear Editor, the publication on “Hepatitis B carrier on cardiac troponin I (cTnI)” is very interesting.¹ Li et al. reported that “*cTnI values significantly increased immediately following the race in the absence of adverse clinical sequelae, and HBVc runners had higher and prolonged cTnI levels. While several factors are identified for such HBV effects, the specific causes need further elucidation.*”¹ As noted by Li et al., there are several confounding factors that can affect the cardiac troponin I level. Indeed Chiu et al. already reported that there was no difference in several enzymes including to lactate dehydrogenase (LDH) and creatine kinase (CK) among ultramarathon runners with and without hepatitis B carrier status.² The observation on difference of CnI level is very interesting and whether this means there is any cardiac issue is a big question. The interesting question is whether there is any clinical interrelationship between hepatitis B and cTnI. Focusing on the natural history and pathophysiology of hepatitis, no cardiac involvement could be observed. The observation on CnI level might be explained by the possible interference in laboratory process. At least, it is evidence that there is an evidence that the patient with antibodies to hepatitis B might have the Ig reactive to cTnI and this might have some effect in clinical chemistry laboratory investigation.³

References

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Conflict of interest

The authors declare that they have no conflicts of interest related to the subject matter or materials discussed in this article.

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