



MYOCARDIAL PEPTIDE

FUNCTION:

Myocardial Peptides make up heart structure tissues.

ANTIBODIES APPEAR:

Acute Rheumatic Fever⁶
 Autoimmune Myocarditis^{1 2}
 Heart Disease^{1 2 3}
 Heart Trauma^{3 4 6}
 Rheumatic Heart Disease⁶

KNOWN CROSS-REACTIONS:

CLINICAL SIGNIFICANCE:

Myocardial Peptides are at higher levels prior to the onset of dilated cardiomyopathy, when heart dysfunction is undetectable, and will decline as the disorder evolves.^{1 2} It is important to screen patient's symptom-free relatives to identify those at risk, to aid in diagnosis during pre-clinical period and to potentially prevent the progression to disease state by implementing preventive therapeutic protocols.² Damage to heart muscle or pericardial tissue stemming from surgery, stab wounds or acute myocardial infarctions may result in an autoimmune response to myocardial antigens.^{4 6} Circulating autoantibodies appear 2-3 weeks after the event and subsequently drop between 3-8 weeks.⁶ However, high levels of anti-myocardial antibodies have been shown to remain in cases involving a series of injuries over an extended period in which these antibodies can persist for months or years.⁶ Due to a commonality in autoimmune heart disease and Celiac disease, patients presenting with autoantibodies to heart tissue, should be assessed for Celiac disease.⁵

References:

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3. Cleutjens K, et al. Non-invasive diagnosis of ruptured peripheral atherosclerotic lesions and myocardial infarction by antibody profiling. *J Clin Invest*, 2008; 118:2979-2985.
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5. Frustaci A, et al. Celiac disease associated with autoimmune myocarditis. *Circulation*, 2002; 105:2611-26182.
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