



VitaLab

FAST

SENSITIVE

RELIABLE

Reference <<<

[Heart-type fatty acid-binding protein (H-FABP) as an early diagnostic biomarker in patients with acute chest pain]
[Metabolic syndrome is a low-grade systemic inflammatory condition. Expert Rev Endocrinol Metab]
[Serum adipocyte fatty acid-binding protein in the critically ill. Critical Care]
[Elevated heart-type fatty acid-binding protein levels on admission predict an adverse outcome in normotensive patients with acute pulmonary embolism. J Am Coll Cardiol]
[The prognostic and risk-stratified value of heart-type fatty acid-binding protein in septic patients in the emergency department]
[Effect of carvedilol on serum heart-type fatty acid-binding protein, brain natriuretic peptide, and cardiac function in patients with chronic heart failure]

H - FABP Test Kit (Dry Fluorescence Immunoassay)

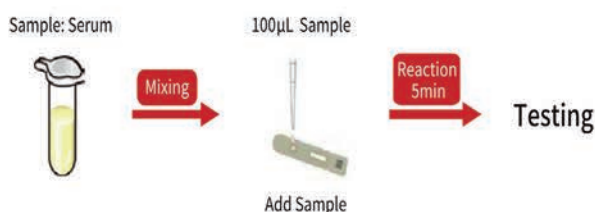
CE IVD

Heart-type fatty acid-binding protein (**H-FABP**) is a novel cytoplasmic protein rich in the heart. It has high cardiac specificity (mainly expressed in heart tissue), but also low expression in tissues outside the heart. After the occurrence of myocardial ischemia injury, **H-FABP** can be found in the blood as early as 1 to 3 hours after the onset of chest pain, peaked at 6 to 8 hours and the plasma level returned to normal within 24 to 30 hours.

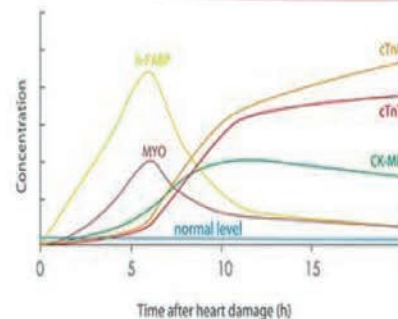
Clinical application

- ▶ H-FABP has high sensitivity and good specificity in the diagnosis of early acute myocardial infarction (AMI) and early diagnosis of pulmonary embolism (PE). H-FABP is a sensitive and specific myocardial damage index, and its combined detection with troponin is the focus of future clinical diagnosis.
- ▶ Detection of acute coronary syndrome (ACS) : H-FABP is a biological marker for early diagnosis within 6 hours of acute coronary syndrome.
- ▶ Detection of acute myocardial injury after operation.
- ▶ Evaluation of heart failure : H-FABP detection is a good detection tool for guiding the optimal treatment of patients with chronic heart failure.

Steps of Operation



“ H-FABP and Myo, CK-MB, cTnI occurrence regularity ? ”



H-FABP was more sensitive to the diagnosis of AMI than Myo, CK-MB and cTnI. The combined detection of H-FABP, Myo, cTnI and CK-MB was positively correlated with the severity of coronary artery disease in patients with AMI, and the correlation between H-FABP and coronary artery disease was higher.

The increase of serum H-FABP, Myo, cTnI and CK-MB was the result of aggravation of coronary artery disease.

The metabolic kinetics of early release and rapid excretion of H-FABP was similar to that of MYO, but its myocardial specificity was significantly higher than that of MYO. The combined detection of H-FABP, cTnI and CK-MB in time window will be an ideal choice for clinical diagnosis and treatment of ischemic heart disease.

The release of H-FABP is proportional to the range of myocardial injury. In patients with suspected ACS, low H-FABP concentration indicates low risk, and high blood H-FABP concentration indicates increased risk of cardiovascular events in the future.

Interpretation of Result

H - FABP	Measuring Range	1 ng / ml - 200 ng / ml
	Cut-Off Value	3.49 ng / mL

