

Clinical manifestation	Possible causes of elevation	Possible mechanism		
AMI	Prolonged ischaemia	Necrosis	Apoptosis and necroptosis	Severity of damage ↑
Acute HF				
Pulmonary embolism				
Chest trauma or surgery	Mechanical cell destruction, local inflammation			
Stroke or brain trauma	Catecholamine-derived myocyte overload or ischaemia due to type 2 MI			
Cardiotoxicity	Cardiotoxic agents (drugs, CO, poisons)			
Myocarditis, endocarditis	Inflammation			
Sepsis				
Atrial fibrillation	Brief ischaemia Muscle overload		Reversible troponin leakage (cell stretching, cell wounds, bleb formation)	
Chronic HF				
Stable CAD				
Physical exercise				
Renal failure	Impaired clearance			
Skeletal muscle disorders	Expression of cTnT in regenerative skeletal muscles			