



An Intelligent Prototype for the Characterization of Myocardial Infarction Blood and Analysis on the Efficacy of Streptokinase using Spectral Data

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ABSTRACT

Myocardial Infarction (MI) or Acute Myocardial Infarction (AMI), commonly known as a heart attack, is the interruption of blood supply to part of the heart, causing heart cells to die. This is most commonly due to occlusion (blockage) of a coronary artery following the rupture of a vulnerable atherosclerotic plaque, which is an unstable collection of lipids and white blood cells in the wall of an artery. The resulting ischemia and oxygen shortage if left untreated for a sufficient period of time can cause damage or death (infarction) of heart muscle tissue (myocardium). Streptokinase (SK), a protein secreted by several species of streptococci can bind and activate human plasminogen. SK is used as an effective and inexpensive clot-dissolving medication in some cases of MI (heart attack) and pulmonary embolism. Though investigations on characterisation of MI blood and analysis on the efficacy of the drug Streptokinase have been done by many, not much work is done on automation of this investigation. The goal of this study is to train the prototype (Neural Network [NN]) to identify whether the given blood sample is MI blood or not and also to examine prospectively the effect of Streptokinase in MI patients using the prototype which is already trained to identify the MI blood.

Key words: Myocardial Infarction, Blood, Streptokinase, Spectral data.

INTRODUCTION

Myocardial Infarction (MI) or Acute Myocardial Infarction (AMI), commonly known as a heart attack, is the interruption of blood supply to part of the heart, causing heart cells to die. This is most commonly due to occlusion (blockage) of a coronary artery following the rupture of a vulnerable atherosclerotic plaque, which is an unstable collection of lipids and white blood cells in the wall of an artery. The resulting ischemia and oxygen shortage if left untreated for a sufficient

period of time can cause damage or death (infarction) of heart muscle tissue (myocardium). Streptokinase (SK), a protein secreted by several species of streptococci can bind and activate human plasminogen. SK is used as an effective and inexpensive clot-dissolving medication in some cases of MI (heart attack) (Sikri and Bardia, 2007) and pulmonary embolism (Meneveau et al., 1997). Though investigation on characterisation of MI blood and analysis on the efficacy of the drug Streptokinase have been done by many, not much work is done on automation of this investigations.

The goal of this study is to train the prototype (Neural Network [NN]) to identify whether the given blood sample is MI blood or not, across the dose range on R1, R2, R3 and R4 where R1, R2, R3, R4 are Intensity Ratio Parameters. R1 is given by A_{2960}/A_{2870} which is due to asymmetric and symmetric stretching vibrations of the methyl group of the lipids. R2 is given by A_{1651}/A_{1546} which is due to the ratio of intensities of amide-I and amide-II bands of the amino acids and hence proteins. R3 is given by A_{1402}/A_{1305} which is due to the ratio of the intensities of asymmetric and symmetric deformations of the methyl groups of proteins and lipids. R4 is given by A_{1245}/A_{1170} which is due to P-O stretching of lipid phosphate and C-O stretching of glucose (Sailatha, 2007) and also to examine prospectively the effect of Streptokinase in MI patients using the prototype which is already trained to identify the MI blood (Djodilatchoumy et al., 2008).

EXPERIMENTAL

For characterization of MI blood, three-layered feed forward back propagation network is used. The prototype consists of 3 layers namely (i) input layer, (ii) hidden layer (iii) output layer with 1 neuron. The value of the output neuron varies from 0 to 1 (value 0 indicates the most healthy blood and value 1 indicates the most diseased blood). Two ml of blood samples were collected from 14 healthy subjects and 14 MI patients from Railway Hospital, Perambur, Chennai, India. Then, FTIR spectra of blood sera of the collected 28 samples were recorded and fed as input to train the prototype (Ronald et al., 2000). The training sample numbers 1-7 and 15-21 represent the healthy group and training sample numbers 8-14 and 22-28 belong to the diseased group (Table 3).

The prototype has 4 neurons in the input layer each corresponding to R1, R2, R3 and R4. Then it is trained by varying the number of neurons in the hidden layer. The Weight_{IH} x – y which is the strength/weight of the connection between unit x in the input layer and unit y in the hidden layer and Weight_{HO} x – y which is the weight of the connection between unit x in the hidden layer and unit y in the output layer are calculated and are given in Table 1.

The efficacy of the drug Streptokinase in myocardial infarction patients is calculated using the prototype that is already trained to characterize the MI blood across the dose range on R1, R2, R3

Table 1

Weight	Value
Weight _{IH} 1 – 1	-1.928881
Weight _{IH} 1 – 2	-2.027387
Weight _{IH} 1 – 3	-2.242503
Weight _{IH} 1 – 4	2.128931
Weight _{IH} 2 – 1	-0.794969
Weight _{IH} 2 – 2	-1.434592
Weight _{IH} 2 – 3	-1.553051
Weight _{IH} 2 – 4	1.719043
Weight _{IH} 3 – 1	-1.316888
Weight _{IH} 3 – 2	-1.041491
Weight _{IH} 3 – 3	-1.137544
Weight _{IH} 3 – 4	1.843226
Weight _{IH} 4 – 1	-1.188237
Weight _{IH} 4 – 2	-1.195751
Weight _{IH} 4 – 3	-1.643424
Weight _{IH} 4 – 4	2.308789
Weight _{OH} 1 – 1	-4.063186
Weight _{OH} 2 – 1	-4.417873
Weight _{OH} 3 – 1	-5.280274
Weight _{OH} 4 – 1	6.734867

and R4 where R1, R2, R3, R4 are Intensity Ratio Parameters.

To study the efficacy of the drug Streptokinase, 14 patients from Railways Headquarters Hospital, Perambur, Chennai, India who were suffering from myocardial infarction were chosen. Before the drug therapy, their blood

Table 2

No. of neurons in hidden layer	No. of iterations
1	1,37,687
2	90,094
3	48,562
4	36,820
5	69,664

Table 3: Testing - Training Samples

Sample No.	R1	R2	R3	R4	Output
1	1.105600	1.298800	1.213500	1.122800	0.215999
2	1.089600	1.208000	1.177400	1.145800	0.104777
3	1.085300	1.208800	1.161100	1.129000	0.028938
4	1.088200	1.215400	1.131900	1.081800	0.028938
5	1.102500	1.252400	1.164100	1.157900	0.276985
6	1.097500	1.292400	1.206000	1.156400	0.273763
7	1.095500	1.294200	1.120000	1.101200	0.202628
8	1.307000	1.410200	1.297000	1.306400	0.998714
9	1.288000	1.385700	1.309200	1.281900	0.999667
10	1.283300	1.516000	1.272100	1.275800	0.998677
11	1.294100	1.410900	1.418700	1.308600	0.998738
12	1.297600	1.353800	1.312800	1.280400	0.998655
13	1.301200	1.402500	1.284000	1.289800	0.998684
14	1.285800	1.386500	1.293700	1.294200	0.998663
15	1.106800	1.227800	1.186000	1.149800	0.252727
16	1.106000	1.274800	1.187700	1.168000	0.236171
17	1.095800	1.255900	1.155600	1.170200	0.333663
18	1.102200	1.233400	1.140200	1.114600	0.046600
19	1.100800	1.212200	1.201000	1.140200	0.215674
20	1.087200	1.225100	1.172800	1.111300	0.042576
21	1.101400	1.201200	1.192400	1.124000	0.110757
22	1.289600	1.374500	1.413400	1.277900	0.998694
23	1.283300	1.516000	1.302300	1.281800	0.998700
24	1.295300	1.410900	1.344400	1.343000	0.998736
25	1.395300	1.416100	1.321800	1.281200	0.998715
26	1.289000	1.604700	1.388800	1.320000	0.998749
27	1.304500	1.488400	1.403400	1.367400	0.998757
28	1.291200	1.407800	1.421400	1.312000	0.998736

Table 4: Testing – Random Samples

Random Sample : 1

Give the input(R1) - 1.0051

Give the input(R2) - 10981

Give the input(R3) - 1.0131

Give the input(R4) - 1.0221

Result : .028938

Random Sample : 2

Give the input(R1) - 1.3171

Give the input(R2) - 1.4101

Give the input(R3) - 1.2171

Give the input(R4) - 1.3171

Result : .998641

Table 5

Sample No.	R1	R2	Pre R3	R4	Output
1	1.307000	1.410200	1.297000	1.306400	0.998714
2	1.288000	1.385700	1.309200	1.281900	0.998667
3	1.283300	1.516000	1.272100	1.275800	0.998667
4	1.294100	1.410900	1.418700	1.308600	0.998738
5	1.297600	1.353800	1.312800	1.280400	0.998655
6	1.301200	1.402500	1.284000	1.289800	0.998684
7	1.285800	1.386500	1.293700	1.294200	0.998663
8	1.289600	1.374500	1.413400	1.277900	0.998694
9	1.283300	1.516000	1.302300	1.281800	0.998700
10	1.295300	1.410900	1.344400	1.343000	0.998736
11	1.395300	1.416100	1.321800	1.281200	0.998715
12	1.289000	1.604700	1.388800	1.320000	0.998749
13	1.304500	1.488400	1.403400	1.367400	0.998757
14	1.291200	1.407800	1.421400	1.312000	0.998735
			Post		
1	1.153300	1.110400	1.105900	1.187600	0.851018
2	1.157300	1.157400	1.111600	1.120900	0.400218
3	1.131200	1.126500	1.207900	1.121400	0.478169
4	1.161100	1.108700	1.169400	1.155000	0.743316
5	1.150100	1.110400	1.151500	1.117800	0.321348
6	1.028000	1.197500	1.150200	1.087600	0.028938
7	1.153300	1.127700	1.174400	1.174800	0.835720
8	1.164300	1.128400	1.160400	1.115700	0.480435
9	1.118500	1.076500	1.040900	1.182300	0.521794
10	1.130100	1.130700	1.110800	1.172200	0.546842
11	1.164200	1.138200	1.122200	1.095000	0.479285
12	1.085300	1.126400	1.187200	1.158100	0.228588
13	1.084400	1.107800	1.167200	1.222200	0.698815
14	1.020000	1.093200	1.186000	1.104200	0.067779

samples were collected and FTIR spectra of blood sera of the collected samples were recorded. Then the recorded spectral data were fed as input to the prototype and the output were noted down. (pre-treatment).

The selected 14 patients were prescribed with Streptokinase for a period of three months. A final check up was performed over a period of 3 months, after the treatment was initiated. To find the efficacy of the above said drug, the FTIR spectra were recorded after 3 months and the spectral data

were fed as input to the prototype and the output were noted down. (post-treatment) (Sailatha, 2007).

RESULTS AND DISCUSSION

Fixing the value of the learning parameters to 0.9, the network is trained by varying the number of neurons in the hidden layer. It is found that the prototype is trained effectively with 4 neurons in the hidden layer (36,820 iterations) which is shown in Table 2. The results secured by using this prototype confirmed beyond the doubt

that the training samples and random samples are correctly identified which is shown in Table 3 and Table 4 respectively.

The output of pre-treatment (Pre) and post-treatment (Post) are given in Table 5. The percentage of efficacy of the drug is calculated using the formula $(\text{Pre}-\text{Post}) / \text{Pre} * 100$ and the results are given in 6. It is concluded from the result that streptokinase therapy reduces the disease by 52.21%. The value of mean and standard deviation (SD) of the normal, pre-treatment and post-treatment states are summarized in Table 7. The significance of the results is also verified statistically using t-test which is shown in Table 8.

Table 6

Sample No.	Efficacy – Streptokinase
1	14.788551
2	59.924732
3	52.119339
4	25.574493
5	67.821918
6	97.102381
7	16.316121
8	51.893676
9	47.752690
10	45.246529
11	52.009833
12	77.112577
13	30.031496
14	93.213491

Table 7

	Healthy Subjects	Pre Treatment	Post Treatment
Mean	.276443	.998705	.495908
SD	.260744	.000033	.221212

Table 8

H_0 : There is no change due to treatment using Streptokinase

H_1 : There is a change due to treatment using Streptokinase

Sample No. (n)	Output before Treatment (x)	Output after Treatment (y)	d = y-x	d ²
1	0.998714	0.851018	-0.147696	0.021814
2	0.998667	0.400218	-0.598449	0.358141
3	0.998667	0.478169	-0.520498	0.270918
4	0.998738	0.743316	-0.255422	0.065240
5	0.998655	0.321348	-0.677307	0.458745
6	0.998684	0.028938	-0.969746	0.940407
7	0.998663	0.835720	-0.162943	0.026550
8	0.998694	0.480435	-0.518259	0.268592
9	0.998700	0.521794	-0.476906	0.227439
10	0.998736	0.546842	-0.451894	0.204208
11	0.998715	0.479285	-0.519430	0.269807
12	0.998749	0.228588	-0.770161	0.593148
13	0.998757	0.698815	-0.299942	0.089965
14	0.998735	0.067779	-0.930956	0.866679

mean of d = -0.0521401

standard deviation = 0.247218

The test statistics, t = 7.604374

No. of degrees of freedom $nd_i = 14-1 = 13d_i$

Table value of t for $13d_i$ at 5% level of significance = 2.160

Conclusion : Since the table value is less than the calculated value, H_0 is rejected. Hence there is a change due to treatment.

CONCLUSION

NNs are being used in the detection of various diseases such as hyperlipidemia, chronic renal failure, head and neck squamous cell carcinoma and a variety of health-related indices can also be monitored. (Ronald et al., 2000, Djodilatchoumy et al., 2008) The onset of a particular medical condition could be associated with a very complex combination of changes on a

subset of the variables being monitored in medicines. NNs have been used to recognize this predictive pattern, so that the appropriate treatment can be prescribed. FTIR spectroscopy allows accurate lipids concentration determination. Since our NN is trained to distinguish the MI blood with the fine details of FTIR spectra, it can improve the diagnostic accuracy and rate of MI treatment at a faster rate with more accuracy. It can also be used to analyze the efficacy of the drug Streptokinase.

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