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Histologic findings included 142 patients 41.0% with inflammation and 204 59.0% without inflammation. Fecal excretion of calprotectin significantly correlated with the finding of inflammation at endoscopy and histology P Do you want to read the rest of this article. Request fulltext Advertisement Citations 22 References 28. Article Fulltext available Feb 2017 Expet Rev Gastroenterol Hepatol Paula Ministro Diana Martins Introduction Over the last thirty years knowledge on fecal biomarkers FM has substantially increased. Nowadays these noninvasive inflammation markers are used in the daily management of inflammatory bowel disease IBD. An interest in investigating FM was motivated by the need of a simple, quick, disposable and less invasive marker of disease activity, which removes the need for endoscopy when following up with patients. Areas covered Current literature was reviewed for articles regarding the role of FM in IBD diagnosis, activity, flare prediction, medication and surgical treatment response as well as how FM may differ in adult and paediatric IBD patient populations. Serial measurements of FM for each patient may be useful in accessing relapse in most patients. FM presented more consistent results when used as a predictive tool of relapse after ileocecal surgery in Crohn's disease. Ongoing research will clarify FM role in decisionmaking IBD daily practice. View Show abstract. This cutoff should be used to identify new patients with suspected bowel inflammation when using this particular bedside kit. Recently, a study by Prell et al. To improve the selection of candidates for endoscopy, fecal calprotectin level has been proposed as a noninvasive marker of intestinal inflammation. In the future, home testing is a likely option. Thus, the aim of this study was to affirm the association between bedside-measured fecal calprotectin concentration and histological and endoscopic findings in a panel of patients with suspected chronic bowel inflammation.

Stool samples and microscopic and macroscopic findings from 41 patients, who underwent ileocolonoscopy for suspicion of bowel inflammation, were consecutively obtained between April 2009 and December 2010. Stool samples were analyzed using the bedside fecal calprotectin

enzymelinked immunosorbent assay Quantum Blue; Buhlmann, Laboratories AG, Switzerland. FC became an increasingly useful tool both for gastroenterologists and for general practitioners for distinguishing inflammatory bowel disease IBD from irritable bowel syndrome. Increasing evidences support the use of this biomarker for diagnosis, followup and evaluation of response to therapy of several pediatric gastrointestinal diseases, ranging from IBD to nonspecific colitis and necrotizing enterocolitis. This article summarizes the current literature on the use of FC in clinical practice. View Show abstract FECAL CALPROTECTIN levels for the ethiological diagnosis in Brazilian patients with gastrointestinal symptoms Article Fulltext available May 2015 Lorete Maria da Silva Kotze Renato Mitsunori Nisihara Sandra Beatriz Marion Paulo Gustavo Kotze Background. Determination of fecal calprotectin can provide an important guidance for the physician, also in primary care, in the differential diagnosis of gastrointestinal disorders, meanly between inflammatory bowel diseases and irritable bowel syndrome. Objectives. The aims of the present study were to prospectively investigate, in Brazilian adults with gastrointestinal complaints, the value of fecal calprotectin as a biomarker for the differential diagnosis between functional and organic disorders and to correlate the concentrations with the activity of inflammatory bowel diseases. Methods. The study included consecutive patients who had gastrointestinal complaints in which the measurement levels of fecal calprotectin were recommended. Fecal calprotectin was measured using a Buhlmann Basel, Switzerland ELISA kit. Results.

A total of 279 patients were included in the study, with median age of 39 years range, 18 to 78 years. After clinical and laboratorial evaluation and considering the final diagnosis, patients were allocated into the following groups a Irritable Bowel Syndrome 154 patients 102 female and 52 male subjects. A significant difference P View Show abstract Diagnostics and Prognostics of Inflammatory Bowel Disease with Fecal NeutrophilDerived Biomarkers Calprotectin and Lactoferrin Article Nov 2013 Dig Dis Taina Sipponen Crohns disease CD, ulcerative colitis UC, and colitis unclassified, collectively defined as inflammatory bowel disease IBD, are the consequence of chronic inflammatory reactions in the gastrointestinal tissue. Endoscopy with biopsies is the mainstay in the diagnosis of this inflammation and is also important in the assessment of disease activity and monitoring of treatment. Furthermore, mucosal healing is increasingly becoming a therapeutic target for treatment of IBD and the golden standard of assessing it is endoscopy. However, due to the costs, invasiveness, and to limited endoscopic capacity, the need is strong for reliable surrogate markers of intestinal inflammation. Bowel contents, being in close contact with intestinal mucosa, can take up molecules that are measurable from stool samples and thus can serve as markers of inflammation. The fecal neutrophilderived biomarkers, especially calprotectin and lactoferrin, have several features of an ideal test for detecting intestinal inflammation they are noninvasive, simple, and low in cost. The utility of these biomarkers in distinguishing IBD from noninflammatory conditions such as irritable bowel syndrome is well documented. They correlate closely with endoscopic activity both in CD and UC. Article Nov 2013 WORLD J GASTROENTERO Gerhard Rogler Stephan R.

Vavricka Alain Schoepfer Peter Laszlo Lakatos The use of specific terms under different meanings and varying definitions has always been a source of confusion in science. It appears to be useful to first have a look at the development of terms and their definitions, to assess their intrinsic and contextindependent problems and then to analyze the different relevance in presentday clinical studies and trials. The purpose of such an attempt would be to gain clearer insights into the true impact of the clinical findings behind the terms. It may also lead to a better defined use of those terms for future studies. Several clinical trials, cohort studies or inception cohorts provided data that the long term disease course is better, when mucosal healing is achieved. However, it is still unclear whether continued or increased therapeutic measures will aid or improve mucosal healing for patients in clinical remission. Clinical trials are under way to answer this question. Attention should be paid to clearly address what levels of IBD activity are looked at. In the present review

article authors aim to summarize the current evidence available on mucosal healing and deep remission and try to highlight their value and position in the everyday decision making for gastroenterologists. It is a troublesome condition that reduces the quality of life but causes no permanent damage. Inflammatory bowel disease IBD comprises mainly ulcerative colitis UC and Crohns disease CD. Both cause serious complications and may lead to sections of the bowel having to be removed, although this is more common with CD. The presenting symptoms of IBS and IBD can be similar. Distinguishing them on clinical signs and symptoms can be difficult. Until recently, colonoscopy was often required to rule out IBD. Faecal calprotectin FC is a protein released by the white blood cells, neutrophils, found in inflamed areas of the bowel in IBD.

Determining the level of FC in stool samples may help distinguish IBS from IBD. To review the value of FC for distinguishing between IBD and nonIBD. Sources included MEDLINE, EMBASE, The Cochrane Library, Web of Science, websites of journals and the European Crohns and Colitis Organisation conference abstracts 2012 and 2013, and contact with experts. Systematic review and economic modelling. Review Manager RevMan version 5.2 The Cochrane Collaboration, The Nordic Cochrane Centre, Copenhagen, Denmark was used for most analysis, with statistical analyses done in Stata version 12 StataCorp LP, College Station, TX, USA. Forest plots and receiver operating characteristic curves were produced. Quality Assessment of Diagnostic Accuracy Studies was used for quality assessment. Economic modelling was done in Microsoft Excel 2010 Microsoft Corporation, Redmond, WA, USA. Studies were often small, most used only one calprotectin cutoff level, and nearly all came from secondary care populations. Twentyeight studies provided data for 2 tables and were included in metaanalyses, with seven in the most important comparison in adults IBS vs. IBD and eight in the key comparison in paediatrics IBD vs. nonIBD. Most studies used laboratory enzymelinked immunosorbent assay ELISA tests. Few studies used pointofcare testing but that seemed as reliable as ELISA, though perhaps less specific. The evidence did not provide any grounds for preferring one test over others on clinical effectiveness grounds. FC testing in primary care could reduce the need for referral and colonoscopies. Any qualityadjusted lifeyear gains are likely to be small because of the low prevalence of IBD and the high sensitivities of all of the tests, resulting in few false negatives with IBD. However, considerable savings could accrue. Repeat testing may be appropriate before referral.

Faecal calprotectin can be a highly sensitive way of detecting IBD, although there are inevitably tradeoffs between sensitivity and specificity, with some false positives IBS with positive calprotectin if a low calprotectin cutoff is used. In most cases, a negative calprotectin rules out IBD, thereby sparing most people with IBS from having to have invasive investigations, such as colonoscopy. View Show abstract Clinical Utility of Fecal Biomarkers for the Diagnosis and Management of Inflammatory Bowel Disease Article Feb 2014 Uri Kopylov Greg A Rosenfeld Brian Bressler Ernest G. Seidman Diagnosis and monitoring of inflammatory bowel diseases rely on clinical, endoscopic, and radiologic parameters. Inflammatory biomarkers have been investigated as a surrogate marker for endoscopic diagnosis of inflammatory activity. Fecal inflammatory biomarkers such as calprotectin and lactoferrin are direct products of bowel inflammation and provide an accurate and noninvasive diagnostic and monitoring modality for Crohns disease and ulcerative colitis. This report contains an overview of the currently existing literature pertaining to clinical implications of fecal biomarkers for diagnosis, monitoring, and prediction of outcomes of inflammatory bowel disease. View Show abstract Evaluation and Treatment of Colonic Symptoms Article May 2014 Mark Pasanen Symptoms related to colonic function are common and frequently related to functional issues. Possible presentations include constipation and either acute or chronic diarrhea. Because acute diarrhea is most commonly infectious, issues typically center on the role of stool testing and antibiotic treatment. For chronic diarrhea, the differential is much longer and the diagnostic options are many, making an efficient and focused evaluation a priority, whereas treatment is usually dictated by diagnosis. Constipation can be challenging and, like chronic diarrhea, an efficient and

practical approach to diagnosis is critical.

The role of newer laxative agents continues to be defined. View Show abstract Comparison of the different kinds of feeding on the level of fecal calprotectin Article Jul 2014 EARLY HUM DEV Feng Li Jingqiu Ma Shanshan Geng XiaoYang Sheng Background Controversial results have been reported on the effect of type of feeding on the level of fecal calprotectin in infants. Objective To assess fecal calprotectin levels in breast fed or nonbreast fed healthy infants. Design A study was conducted to compare fecal calprotectin in infants who were exclusively breastfed compared to those who were not breastfed in Shanghai, China. Stool samples were collected and analyzed, and the fecal calprotectin concentration was determined using a commercially available enzymelinked immunosorbent assay. The infants weight and length were measured. Parents were asked to fill in a brief questionnaire, with questions about several clinical and sociodemographic factors. Subjects This study included 105 healthy infants aged 05 months. The clinical pictures of functional gastrointestinal disorders and inflammatory diseases can be quite similar leading to inappropriate and expensive investigations. Objective. To investigate fecal calprotectin FC diagnostic performance in different gastrointestinal conditions. Material and methods. Stool specimens of 66 outpatients referred for colonoscopy were collected for further FC determination. Diagnostic accuracy was assessed by the area under the curve AUC. Sensitivity Se, specificity Sp, positive PPV, and negative predictive values NPV were calculated according to the presence of inflammation and the main final diagnosis. Histological inflammation was found in 45 68% patients 24 had a diagnosis of inflammatory bowel disease IBD while 21 reported miscellaneous conditions 5 microscopic colitis, 2 eosinophilic colitis, and 14 nonspecific chronic colitis. The diagnosis in the 21 32% patients without inflammation was irritable bowel syndrome IBS. Conclusions.

FC appears to be a reliable noninvasive biomarker of intestinal inflammation useful to improve the appropriateness of colonoscopy requests. View Show abstract Fecal calprotectin a biomarker for intestinal inflammation Article Jan 2015 Gian Paolo Caviglia Giovanni Antonio Touscoz Rinaldo Pellicano M.Astegiano In the clinical setting may be difficult the discrimination of patients with inflammatory bowel diseases from those with functional intestinal disorders due to the overlapping and nonspecific symptoms, such as abdominal pain and altered bowel habit. Several blood markers currently help clinicians in the management of these patients, but the low specificity makes them unreliable for the detection and monitoring of the disease activity. The gold standard to establish a diagnosis of organic bowel disease is colonoscopy with multiple biopsies, but is an invasive and costly procedure. In the last decade, fecal calprotectin FC, a cytosolic protein mainly found in neutrophil granulocytes, has been proposed as a surrogate marker of intestinal mucosa inflammation and has been associated with several gastrointestinal disorders. We recently addressed FC ability in distinguish inflammatory from functional disorders, taking into consideration different pathological intestinal conditions. In this research highlight we provide a brief review on FC role as a biomarker of intestinal inflammation discussing the clinical applications. View Show abstract Histologic scoring indices for evaluation of disease activity in Crohn's disease Article Jul 2017 COCHRANE DB SYST REV Gregor Novak Claire Parker Rish K Pai Reena Khanna Background. Histologic assessment of mucosal disease activity has been increasingly used in clinical trials of treatment for Crohns disease. However, the operating properties of the currently existing histologic scoring indices remain unclear.

A systematic review was undertaken to evaluate the development and operating characteristics of available histologic disease activity indices in Crohns disease. Search methods. Electronic searches of MEDLINE, EMBASE, PubMed, and the Cochrane Library CENTRAL databases from inception to 20 July 2016 were supplemented by manual reviews of bibliographies and abstracts submitted to major gastroenterology meetings Digestive Disease Week, United European Gastroenterology Week, European Crohns and Colitis Organisation. Selection criteria. Any study design e.g. randomised

controlled trial, cohort study, case series that evaluated a histologic disease activity index in patients with Crohns disease was considered for inclusion. Data collection and analysis. Two authors independently reviewed the titles and abstracts of the studies identified from the literature search. The full text of potentially relevant citations were reviewed for inclusion and the study investigators were contacted as needed for clarification. Any disagreements regarding study eligibility were resolved by discussion and consensus with a third author. Two authors independently extracted and recorded data using a standard form. The following data were recorded from each eligible study number of patients enrolled; number of patients per treatment arm; patient characteristics age and gender distribution; description of histologic disease activity index utilized; and outcomes such as content validity, construct validity, criterion validity, responsiveness, intrarater reliability, interrater reliability, and feasibility. Main results. Sixteen reports of 14 studies describing 14 different numerical histological indices fulfilled the inclusion criteria. Interrater reliability was assessed in one study. After subjects were administered a treatment of known efficacy, statistically significant change in the index score was demonstrated in five studies with respect to six indices.

Two studies failed to indicate whether there was statistically significant change in the index score posttreatment. With regard to methodological quality, six of the studies were rated as poor and one of the studies was rated as fair. Feasibility was assessed by one study. The Naini and Cortina Score was shown to be simple to use and feasible for every given case. Authors conclusions. Currently there is no fully validated histological scoring index for evaluation of Crohns disease activity. Development of a validated histological scoring index for Crohns disease is a clinical and research priority. View Show abstract Rapid Fecal Calprotectin Testing to Assess for Endoscopic Disease Activity in Inflammatory Bowel Disease A Diagnostic Cohort Study Article Fulltext available Dec 2015 Saudi J Gastroenterol Lukasz Kwapisz Mahmoud H Mosli Nilesh Chande James C. Gregor Background and aim. With increasing numbers of patients diagnosed with inflammatory bowel disease IBD, it is important to identify noninvasive methods of detecting disease activity. The aim of this study is to examine the diagnostic accuracy of fecal rapid calprotectin FC testing in the detection of endoscopically active IBD. Patients and methods. All consecutive patients presenting to outpatient clinics with lower gastrointestinal symptoms were prospectively recruited. Patients provided FC samples. Sensitivity Sn, specificity Sp, positive predictive value PPV, and negative predictive value NPV for FC were calculated. Receiveroperator characteristics ROC curve was used to identify the ideal FC cutoff that predicts endoscopic disease activity. Correlation between FC and endoscopic disease activity, disease location, and Creactive protein CRP levels were measured. FC is an accurate test when used as an initial screening tool for patients suspected of having active IBD. Given its noninvasive nature, it may prove to reduce the need for colonoscopy and be an added tool in the management of IBD.

For instance, blood urea is typically ordered together with creatinine, plasma cholesterol is always coupled to triglycerides, erythrocyte sedimentation rate is frequently associated to antistreptolysin O titer and the same is true for transaminases, Creactive protein and rheumatoid factor, antiendomysial and antigliadin antibodies, amylase and lipase, prothrombin time and activated partial thromboplastin time, fetoprotein and carcinoembryonic antigen. This paper discusses the reason why most pairs are inappropriate and their request may generate results that are useless to clinical diagnosis. Laboratory should actively help physicians in requesting and interpreting laboratory tests. Assisting models can be useful e.g., the laboratory could plan to perform a second level test only when the first level one is altered. More importantly, guidelines for a proper test prescription should be shared by laboratory and clinical scientific societies. View Show abstract Physiopathology of chronic diarrhoea Article Oct 2012 Philippe Marteau Several mechanisms may lead to diarrhea. A good knowledge in this field allows a better diagnosis of chronic diarrhea avoiding inadequate examinations and treatments. It also allows developing new treatments. This review explains these mechanisms, shows what they bring to the diagnosis and discusses the

therapeutic developments and hopes. Secretory diarrhea usually results from the interaction of inflammatory molecules, bile acids, microbial toxins or drugs with electrolyte pumps present on enterocyte membranes. Osmotic diarrhea results from the intraluminal osmotic effect of nutrients and drugs. Malabsorption diarrhea usually results from lipids and the osmotic effect of malabsorbed carbohydrates. Fast intestinal mainly colonic transit may induce diarrhea and often results from neuromediators acetylcholin, histamin, serotonin or thyroid hormones.

This review also explains how to interpret results of fecal fat, fecal clearance of 1antitrypsin, calprotectin, elastase, of fecal transit time assessment with carmin red and the fecal osmotic gap. View Show abstract Laboratory Tests in Crohn's Disease Chapter Fulltext available Nov 2016 Gaetano Cristian Morreale Maria Cappello Antonio Craxi Laboratory tests are useful for diagnosing Crohn's disease, assessing disease activity, identifying complications, and monitoring response to therapy. Their role has been considered limited in the past due to lack of specificity. The introduction of biological therapies in inflammatory bowel disease IBD has renewed interest in inflammatory markers, especially Creactive protein CRP, given their potential to select responders to these treatments. There are several reasons why laboratory markers have been studied in IBD in the past decades firstly, to gain an objective measurement of disease activity as symptoms are often subjective; secondly, to avoid invasive endoscopic procedures which are often a burden to the patient. An ideal marker should have many qualities. It should be easy and rapid to perform, cheap, and reproducible between patients and laboratories. Pharmacogenetics, though presently confined to the assessment of thiopurine methyltransferase polymorphisms and hematological toxicity associated with thiopurine treatment, is a promising field that will contribute to a better understanding of the molecular mechanisms of the variability in response to the drugs used in CD with the attempt to expand personalized care and precision medicine strategies. View Show abstract Testing for Chronic Diarrhea Chapter Nov 2016 ADV CLIN CHEM Maitreyi Raman Chronic diarrhea is a frequently encountered symptom in clinical practice. The etiologies for chronic diarrhea are diverse and broad with varying clinical implications.