



LAB #: F\$\$\$\$\$!\$\$\$\$\$
 PATIENT: GUa d`YDUjYbh
 ID: P\$\$\$\$\$\$\$\$\$
 SEX: Female
 DOB:Age: 57

CLIENT #: %& ()
 DOCTOR:
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 St. Charles, IL 60174 U.S.A.

Calprotectin; stool

	RESULT µg/g	REFERENCE INTERVAL	WITHIN	MODERATELY	
			REFERENCE	ELEVATED	ELEVATED
Calprotectin*	24	< 50	██████████	██████████	██████████

Calprotectin is a reliable noninvasive marker for differentiating gastrointestinal inflammation associated with Inflammatory Bowel Disease (IBD) from inflammation that may be associated with Irritable Bowel Syndrome (IBS). Such differentiation is very important because IBD can be life threatening. Monitoring the levels of fecal calprotectin can play an essential role in determining the effectiveness of clinical interventions, and is a good predictor of IBD remission and relapse. Calprotectin provides clinicians with a valuable tool, not only for differentiating IBD from IBS, but also allowing them to monitor and predict treatment outcomes and enabling better management of IBD flare ups.

Reference Intervals

<50 µg/g Fecal calprotectin values <50 µg/g are not indicative of inflammation in the gastrointestinal tract. Subjects with low fecal calprotectin levels normally do not need to be further investigated by invasive procedures.

50 - 200 µg/g Fecal calprotectin values between 50 and 200 µg/g can represent mild organic disease such as inflammation caused by NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), mild diverticulitis and IBD in remission phase. The inflammatory response shown within this range may suggest repeating the measurement and performing further investigations.¹

>200 µg/g Fecal calprotectin values >200 µg/g are indicative of active organic disease with inflammation in the gastrointestinal tract. Appropriate further investigative and curative procedures by specialists are suggested.¹

IBD Management

In patients with IBD, calprotectin levels of <150 µg/g have been shown to predict remission with a low risk of relapse.^{2,3,4} Calprotectin levels of <250 µg/g in patients after treatment indicate endoscopic mucosal healing and can help optimize IBD treatment.^{2,3,4}

References

Manz et al. Value of Fecal Calprotectin in the Evaluation of Patients with Abdominal Discomfort: An Observational Study. 2012
 Tibble J et al. A simple method for assessing intestinal inflammation in Crohn's disease. Gut. Oct 2000;47(4):506-13. PMID:10986210
 Louis E et al. Maintenance of remission among patients with Crohn's disease on antimetabolite therapy after infliximab therapy is stopped. Gastroenterology. Jan 2012; 42(1):63-70. PMID:21945953
 Sorrentino et al. Early diagnosis and treatment of postoperative endoscopic recurrence of Crohn's disease: partial benefit by infliximab-a pilot study. Dig Dis Sci. May 2012;57(5):1341-8. PMID:22252267

SPECIMEN DATA

Comments:

Date Collected: 06/28/2015
 Date Received: 07/01/2015
 Date Completed: 07/03/2015
 Methodology: ELISA

***For research use only. Not for use in diagnostic procedures.**