Dear Sir,

I read with great interest the recent article by Turner et al. on the use of CRP and ESR in follow-up of pediatric patients with ulcerative colitis (UC).1 The article has very important data because CRP could be used as a non-invasive disease activity marker in those cases. Herein, there are some issues to be considered before some of the conclusions of the study could be drawn. The authors state that 104/288 children (36%) with moderate and severe disease activity had CRP of \( \leq 5 \) mg/L. The item of my concern is medications that could affect CRP levels for example corticosteroids or antibiotics in those patients. Could the authors eliminate confounding effects of those drugs? Similarly, genetic polymorphisms for example 308GG should have also been considered in those patients.2 Another issue of my concern is recurrence rates of patients in remission with relatively higher CRP in the follow-up. High CRP in patient with remission does not necessarily mean low specificity. In fact it might also indicate continuing inflammatory process of patients in remission and disease activity of those cases might increase in the follow-up.

References


Levent Filik
Ankara Research Hospital, Gastroenterology Clinic,
Ankara, Turkey
E-mail address: leventfilik@yahoo.co.uk.

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