Letter to the Editor

Value of Faecal Calprotectin for Inflammatory Bowel Disease at First Presentation

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We read with great interest the article by Kennedy and colleagues entitled 'Clinical utility and diagnostic accuracy of faecal calprotectin for IBD at first presentation to gastroenterology services in adults aged 16–50 years' in which the authors suggested that implementation of faecal calprotectin (FC) in the initial diagnostic workup of young patients with gastrointestinal symptoms was highly accurate in the exclusion of inflammatory bowel disease (IBD), and could provide reassurance to patients and physicians. 1 However, we think that some points should be discussed.

FC, a calcium-binding cytosolic protein found in neutrophils, is increasingly being used in clinical practice as a surrogate marker for intestinal inflammation. Previous studies showed that several medications, such as anti-tumour necrosis factor drugs, statins, and probiotics, could alter FC levels in addition to non-steroid anti-inflammatory drugs, aspirin, aminosalicylates, immunosuppressants, and corticosteroids, as the authors stated. 2 Additionally, dietary supplements such as fatty acids, zinc, and vitamin D can alter FC levels too. 3 We believe that the above contributing factors should be taken into account to present robust data.

Sampling time is important in evaluating FC to prevent pre-analytical errors. Lasson et al. showed that there was a great variability in the concentrations of FC in stool samples collected during a single day. 4 Also, Jost et al. suggested that pregnancy might represent low-grade signs of intestinal inflammation due to mild elevation of FC. 5 Finally, body mass indices of participants, being a contributing factor, should be stated. We think these contributing factors have to be expressed to prevent misinterpretations of the findings.

Single measurement of FC may not be sufficiently accurate to evaluate gastrointestinal symptoms, and different biomarkers such as albumin, platelet and leucocyte count, alpha-1 acid glycoprotein, polymorphonuclear elastase, and lactoferrin may be required.

In conclusion, clarifying above concerns will certainly provide a clearer picture to the readers.

Conflict of Interest

The authors declare no conflicts of interest.

References