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Inflammatory bowel disease – the role of faecal calprotectin

Clinical assessment of intestinal inflammation can be problematic. Clinicians often under or over-estimate the degree of inflammation present due to the subjective nature of many gastrointestinal symptoms.

When inflammatory bowel disease (IBD) is suspected clinically, laboratory testing can help rule out other causes of diarrhoea and abdominal pain. However, a definitive diagnosis of IBD is made histologically by bowel biopsy.

Faecal calprotectin

- Reasonably new biomarker, unfunded (NZ\$90 per assay)¹
- Usually a specialist request
- Can be useful in differentiating between irritable bowel syndrome (IBS) and inflammatory bowel disease (IBD), in symptomatic patients with only slightly raised CRP
- Does not help determine the cause of inflammation¹
- A single faecal calprotectin of <60 µg/g is a good negative predictor for inflammatory change²

This test is currently not widely available. Most gastroenterologists will proceed directly to colonoscopy and biopsy if there are suggestive symptoms.

Antibody tests

Antibody tests are sometimes requested by specialists to help differentiate between ulcerative colitis and Crohn's disease. None of the antibody tests are specific or sensitive enough to be used to diagnose either condition but may provide some additional information. The current view is that they have little role in primary care.³

Tests for inflammatory bowel disease

Faecal calprotectin	✗	not widely available
pANCA, ASCA, Anti-CBir1, Anti-Omp C, Anti-I-2	✗	

References

1. Geary R, Barclay M, Florkowski C et al. Faecal calprotectin: the case for a novel non-invasive way of assessing intestinal inflammation. NZMJ May 2005.Vol 118;1214.
2. Dolwani S, Metzner M, Wassell J et al. Diagnostic accuracy of faecal calprotectin estimation in prediction of abnormal small bowel radiology. Aliment Pharmacol Ther 2004 Sep; 20(6):615-21.
3. Personal communication Assoc. Professor Alan Fraser, Mercy Specialist Centre, Auckland.