



Master. KEONI MELVIN MENSAH

Tel No : 123

PID NO: P36170017406

Age: 10 Year(s) Sex: Male

Reference: Dr.GILEAD MEDICAL

Sample Collected At:
Ghana

TEST REPORT

VID: 36170117545

Registered On:

14/11/2017 04:25 PM

Collected On:

14/11/2017 9:55PM

Reported On:

18/11/2017 04:39 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Calprotectin (Stool,CLIA)	Below 5	µg/g	< 50 Please note change in Method

Test Description:

1. Calprotectin is a calcium-binding protein secreted predominantly by neutrophils and monocytes.
2. Fecal calprotectin is a direct measure of inflammation in the gut and is directly correlates to disease activity in Inflammatory Bowel Disease (IBD).
3. Elevations can be caused by IBD, infection, polyps,neoplasia or NSAID usage.
4. Fecal calprotectin assay has a relatively high specificity and sensitivity (approximately 90%) for distinguishing between non-inflammatory bowel disorders (e.g. irritable bowel syndrome) and inflammatory bowel disease (e.g. ulcerative colitis and Crohn's disease). Therefore allows for clear distinction of both the diseases.
5. Calprotectin is also elevated in some cases of GI tract malignancy (e.g. colorectal cancer).
6. It is regularly raised in active IBD
7. Faecal calprotectin concentrations relate well to disease activity in the inflammatory bowel diseases and can therefore be used to monitor therapy

Test Interpretation:

Fecal Calprotectin as a screening test-

1. Values between 0-50 µg/g are considered as within biological reference intervals.
2. Values between 50-100 µg/g are most likely to be associated with Irritable bowel syndrome(IBS)
3. Values between 100 to 250 µg/g considered as indeterminate and should be re-evaluated within in 2 weeks.
4. Values above 250 µg/g should be considered as abnormal and are highly suggestive of Inflammatory Bowel Disease(IBD).

Fecal Calprotectin as a monitoring test-

- Values above 150 µg/g are strongly indicative of endoscopically and/or histologically evident disease activity in a known case of Inflammatory Bowel Disease(IBD).

References-

- Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel. NICE diagnostics guidance [DG11]: October 2013
- Calprotectin is a stronger predictive marker of relapse in ulcerative colitis than in Crohn's disease. Costa, Ceccarelli, et al. Gut 2005 54: 364-368

Limitations :

1. Other intestinal ailments, including GI infections and colorectal cancer, can result in elevated concentrations of fecal calprotectin
2. Diagnosis of IBD cannot be established solely on the basis of a abnormal calprotectin results.
3. Patients with IBD fluctuate between active and inactive stages of disease. Hence fecal calprotectin results may also fluctuate
4. GI bleeding of as much as 100 mL per day will increase the fecal calprotectin levels by only 15 µg/g.

Refer to conditions of reporting overleaf

**Referred Test

Results relate only to the sample as received

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