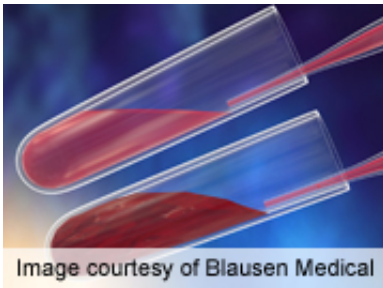


YKL-40 is marker of mortality in hospitalized patients

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(HealthDay)—For patients admitted to the hospital, the inflammatory biomarker YKL-40 is a strong predictor of mortality, regardless of diagnosis, according to a study published online Nov. 12 in the *Journal of Internal Medicine*.

In an effort to examine the [prognostic value](#) of YKL-40 in an unselected patient population, Naja Dam Mygind, M.D., from Rigshospitalet in Copenhagen, Denmark, and colleagues analyzed [blood samples](#) from 1,407 consecutive acute patients (>40 years) admitted to hospital during a one-year period. Patients were followed for a median of 11.47 years.

The researchers found that, compared with healthy controls, median

YKL-40 was significantly increased in patients (157 versus 40 µg/L). Compared with patients with YKL-40 in the lowest quartile, those with YKL-40 in the highest quartile had a significantly elevated hazard ratio (HR) for all-cause mortality in the first year (HR, 7.1) and in the total study period (HR, 3.4). Compared to patients with YKL-40 below the normal age-corrected 95-percentile, patients with YKL-40 above that level had a significantly increased risk of death (HRs, 2.1 after one-year and 1.5 during the total study period). Based on multivariate analysis, YKL-40 was an independent [biomarker](#) of mortality, which was most significant in the first year, and was a marker of [prognosis](#) in all disease categories. Independent of disease type, the HR for death was increased for those with YKL-40 above the 95th percentile, compared with healthy subjects.

"The level of YKL-40 at admission is a strong predictor of overall mortality, independent of diagnosis, and could be useful as a biomarker in the acute evaluation of all patients," the authors write.

One author is listed on a European patent relating to YKL-40. Quidel provided some of the YKL-40 assay kits.

More information: [Abstract](#)
[Full Text \(subscription or payment may be required\)](#)

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