

# Fecal calprotectin is best marker for discriminating pediatric IBD

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(HealthDay)—Fecal calprotectin adds most to discrimination between

pediatric patients with and without inflammatory bowel disease (IBD), according to a meta-analysis published online Aug. 14 in *JAMA Pediatrics*.

Gea A. Holtman, Ph.D., from the University Medical Center Groningen in the Netherlands, and colleagues examined whether adding laboratory markers to evaluation of signs and symptoms improves accuracy when diagnosing pediatric IBD. Individual patient data were requested from the authors of the studies reviewed; the authors of eight of the 16 eligible studies (1,120 patients) provided their datasets.

The researchers found that, when added to evaluation of symptoms, all blood markers and fecal calprotectin individually significantly improved the discrimination between [pediatric patients](#) with and those without IBD. Fecal calprotectin was the best marker, which improved the area under the curve of symptoms by 0.26. Erythrocyte sedimentation rate was the second-best marker, and improved the area under the curve of symptoms by 0.16. The proportion of patients without IBD correctly classified as low-risk increased from 33 to 91 percent when fecal calprotectin was added to the model; the proportion with IBD incorrectly classified as low-risk decreased from 16 to 9 percent. There was a decrease in the total number of [patients](#) assigned to the intermediate-risk category from 55 to 6 percent.

"In a hospital setting, fecal [calprotectin](#) added the most diagnostic value to symptoms compared with blood markers," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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

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