

Calprotectin

General:

Endoscopy with histological investigation is the gold standard for detection and classification of colorectal disorders. However, one major diagnostic target is to detect acute inflammation or cancer early. As a non-invasive marker calprotectin can be used as a sensitive screening test prior to performing endoscopy.

Calprotectin belongs to the calcium-binding S100-proteins (36 kD) with two subunits MRP8 and MRP14, which are found in the soluble cytosol of neutrophil granulocytes to approx. 60%. Small amounts can also be detected in monocytes and reactive macrophages. Calprotectin binds zinc which is essential for many bacteria, thus having an antibacterial effect. In case of inflammatory or tumorous processes of the intestine, granulocytes migrate through the mucosal barrier into the intestinal lumen. Calprotectin is highly resistant against proteolysis and shows stability in stool for some days.

Indication: Recognition of acute inflammations and inflammation phases of the intestinal tract; suspicion of polyps, suspicion of colorectal carcinomas, preventative marker.

Material: 5 g stool

Stability: 2 days at 2 to 8°C

Preanalytics: Parameter stable for several days at room temperature, dispatch cooled

TAT: same day, FML

Method: ELISA

Units: mg/kg

Ref.- range: <50

For complete list of laboratory test offered at Freiburg Medical Laboratory, please visit

<http://www.fml-dubai.com/parameter-listings/>