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Relevance of fecal calprotectin and lactoferrin in the post-operative management of inflammatory bowel diseases

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Abstract

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The role of fecal lactoferrin and calprotectin has been extensively studied in many areas of inflammatory bowel disease patients management. The post-operative setting in both Crohn's disease and ulcerative colitis patients has been less investigated although few promising results come from small, cross-sectional studies. Therefore, the current post-operative management still requires endoscopy 6-12 months after intestinal resection for Crohn's disease in order to exclude endoscopic recurrence and plan the therapeutic strategy. In patients who underwent restorative proctocolectomy, endoscopy is required whenever symptoms includes the possibility of pouchitis. There is emerging evidence that fecal calprotectin and lactoferrin are useful surrogate markers of inflammation in the post-operative setting, they correlate with the presence and severity of endoscopic recurrence according to Rutgeerts' score and possibly predict the subsequent clinical recurrence and response to therapy in Crohn's disease patients. Similarly, fecal markers show a good correlation with the presence of pouchitis, as confirmed by endoscopy in operated ulcerative colitis patients. Fecal calprotectin seems to be able to predict the short-term development of pouchitis in asymptomatic patients and to vary according to response to medical treatment. The possibility of both fecal markers to used in the routine clinical practice for monitoring inflammatory bowel disease patients in the post-operative setting should be confirmed in multicentric clinical trial with

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