There is more to allergy than just IgE.

BÜHLMANN fCAL® ELISA

Screening of IBD/IBS for Organic Inflammation vs. Functional Syndrome*

Reliable and Non-Invasive Screening Marker

Calprotectin is the best IBD marker

Excellent negative predictive value to rule out IBD

Supports Therapy Follow-Up of IBD patients

Particularly interesting for pediatric gastroenterology

Dynamic Range 10 - 1800 µg/g

*Canada: Registered as an in vitro diagnostic device. Health Canada Licensed (No. 80726).

This flyer is not intended for distribution in the US.
Inflammatory Bowel Disease IBD

IBD includes Crohn's disease (CD) and ulcerative colitis (UC). IBD is a chronic disease with forms involving lower bowel parts or the entire GI tract, and causing symptoms like abdominal pain, diarrhea, fever and weight loss. An estimated two million people in North America suffer from IBD. These pathologies seem to be caused by an overactive mucosal immune system, thus the therapies are mediated by immunosuppressants as well as biologics and steroids.

Irritable Bowel Syndrome IBS

IBS is a non organic functional disorder. It can cause several symptoms like cramping, bloating, diarrhea and constipation, seriously affecting the subjects lifequality. IBS is highly prevalent (15-20%) worldwide and makes up to half the visits to gastroenterologists.

Clinical Value of Calprotectin:

Prediction of Relapse in IBD

IBD is marked by periods of remission with intermittent relapses characterized by increased intestinal inflammation.

Numerous published studies, among others by Tibble et al., studied the levels of calprotectin in subjects during the course of the disease.

The results show that calprotectin appears to be a good predictor of relapse in subjects with IBD, thus giving an effective tool to prepare the subjects treatment accordingly to ease the relapse intensity.

BÜHLMANN fCAL® ELISA offers a dynamic range from 10 to 1800 µg/g and thus cover the requirements for both, screening for IBD/IBS and Therapy Monitoring of IBD subjects.

Functional/Organic Screening

A severe problem in clinical gastroenterology is to differentially diagnose subjects with inflammatory intestinal disease from functional disorders like IBS. The symptoms of IBD are very much the same as in functional GI disease IBS that has no inflammatory origin.

Calprotectin is considered a reliable indicator of inflammation in several diseases. Numerous studies show that while fecal calprotectin concentrations are significantly elevated in subjects with IBD, and are correlating well with endoscopic and histological assessment of disease activity, subjects suffering from IBS do not have increased fecal calprotectin values.

Interpretation of Results:

Subjects with Calprotectin values <50 µg/g likely need not to be further investigated by invasive procedures.

Calprotectin values between 50 and 200 µg/g can represent mild organic disease such as inflammation, mild diverticulitis and IBD in remission phase. The low inflammatory response may suggest repeating the measurement and doing further investigations.

Calprotectin values >200 µg/g are indicative of active organic disease with inflammation. Appropriate further investigative and curative procedures by specialists are suggested.

Therefore, BÜHLMANN fCAL® ELISA can clearly distinguish functional from organic disorders, and aid disease-targeted treatments.