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Ascitic Fluid Calprotectin and Serum Procalcitonin as Accurate Diagnostic Markers for Spontaneous Bacterial Peritonitis

Statement of the Problem: The diagnosis of spontaneous bacterial peritonitis (SBP) is based on a polymorphonuclear leukocytes (PMNs) exceeding 250/ μ L in ascitic fluid. The aim of the study was to evaluate serum procalcitonin and ascitic fluid calprotectin as accurate diagnostic markers for detecting SBP.

Methods: Seventy-nine patients with cirrhotic ascites were included. They were divided into a SBP group, including 52 patients, and a non-SBP group of 27 patients. Serum procalcitonin, ascitic calprotectin, and serum and ascitic levels of tumor necrosis factor α (TNF- α) and interleukin 6 (IL-6) were measured using an enzyme-linked immunosorbent assay.

Results: Serum procalcitonin and ascitic calprotectin were significantly higher in SBP patients than in non-SBP patients. Significant increases in both serum and ascitic levels of TNF- α and IL-6 were observed in SBP patients versus non-SBP patients. At a cutoff value of 0.94 ng/mL, serum procalcitonin had 94.3% sensitivity and 91.8% specificity for detecting SBP. In addition, at a cutoff value of 445 ng/mL, ascitic calprotectin had 95.4% sensitivity and 85.2% specificity for detecting SBP. Both were positively correlated with ascitic fluid proteins, PMN count, TNF- α , and IL-6.

Conclusions: According to our findings, determination of serum procalcitonin levels and ascitic calprotectin appears to provide satisfactory diagnostic markers for the diagnosis of SBP.

Table 2: Serum Procalcitonin, Ascitic Calprotectin, and Serum and Ascitic Levels of TNF- α , IL-6, and PMN in SBP

Variables	SBP	Non-SBP
Serum procalcitonin, ng/mL	8.7 (2.5-22)	0.9 (0.2-2.5)
Ascitic calprotectin, ng/mL	762.6 (204.3-1004.0)	276.7 (225.7-31)
TNF- α , pg/mL		
Serum	53 (34-94)	38 (34-105.5)
Ascitic fluid	58 (35-88)	41.5 (25.3-84)
IL-6, ng/mL		
Serum	131 (84-158)	80.5 (7.45-12)
Ascitic fluid	503 (303-798)	125 (85-147)
PMNs, /mm ³		
Serum	3,396 (1,000-11,000)	3,330 (1,000-3)
Ascitic fluid	541 (177-1,758)	15 (15-110)

Data are presented as median (interquartile deviation).

TNF- α , tumor necrosis factor α ; IL-6, interleukin 6; PMNs, polymorphonuclear leukocytes; SBP, spontaneous bacterial peritonitis.

Recent Publications

- Burri E, Schulte F, Muser J, Meier R, Beglinger C. Measurement of calprotectin in ascitic fluid to identify elevated polymorphonuclear cell count. *World J Gastroenterol* 2013;19:2028-2036.
- Cekin Y, Cekin AH, Duman A, Yilmaz U, Yesil B, Yolcular BO. The role of serum procalcitonin levels in predicting ascitic fluid infection in hospitalized cirrhotic and non-cirrhotic patients. *Int J Med Sci* 2013;10:1367-1374.

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3. Elbanna A, Allam N, Hossam N, Ibrahim A, Wagdy M. Plasma and ascitic fluid level of calprotectin in chronic liver disease malignant and non-malignant. Alexandria Bulletin 2008;647-653.
4. Rimola A, Gracia-Tsao G, Navasa M, et al. Diagnosis, treatment and prophylaxis of spontaneous bacterial peritonitis: a consensus document. International Ascites Club. J Hepatol 2000;32:142-153.
5. Jung SY, Park YB, Ha YJ, Lee KH, Lee SK. Serum calprotectin as a marker for disease activity and severity in adult-onset Still's disease. J Rheumatol 2010;37:1029-1034.

Biography

Nasser Mousa, Professor of Tropical Medicine and Hepatology, Faculty of Medicine, Mansoura University, Egypt. I am a teaching faculty. M.D in Tropical Medicine in 2006 from Mansoura University, Egypt. Research interest: Chronic hepatitis, Liver cirrhosis, Portal hypertension, Hepatocellular carcinoma, infection in cirrhotic patients.

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