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Letter to the Editor/ Editöre Mektup

Fecal Calprotectin as a Predictor of Complications in IBD: A Commentary on the article by Erkut et al.

İnflamatuvar Bağırsak Hastalığında Komplikasyonların Bir Göstergesi Olarak Fekal Kalprotektin: Erkut ve Arkadaşlarının Makalesi Üzerine Bir Yorum

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Dear Editor,

We write in response to the article titled "Fecal Calprotectin at the Time of Diagnosis May Indicate the Presence of Complications in Inflammatory Bowel Disease" and published in the Journal of Contemporary Medicine by Erkut et al.[1] This study offers valuable insights into fecal calprotectin (FC) as a biomarker for predicting complications in inflammatory bowel disease (IBD), underscoring its potential as a non-invasive tool to aid clinical decision-making.

The study contributes significantly to existing knowledge regarding the management and follow-up of IBD in several aspects. Firstly, the correlation between elevated FC levels and increased complications, as demonstrated, highlights the need for early monitoring and intervention in high-risk patients. As Erkut et al. observed, patients with FC levels exceeding 100 µg/g showed a markedly higher risk of complications both at diagnosis and during follow-up, aligning with previous studies that have underscored FC's role in assessing disease severity and activity in IBD patients.[2,3]

Furthermore, the association of FC with other inflammation markers, such as C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR), reinforces its value as a complementary tool. Studies have consistently shown that these markers, when analyzed in conjunction with FC, enhance the accuracy of IBD activity assessment.[4] We commend the authors' comprehensive approach, which incorporated these markers, thereby offering a robust framework for predicting disease outcomes and guiding treatment adjustments.

However, the retrospective nature and limited sample size of the study may affect its generalizability. Further studies with larger cohorts are essential to validate these findings. We also suggest exploring longitudinal trends in FC to predict not only immediate but long-term disease complications, which could provide even greater clinical utility.[5] In our practice, tracking these markers longitudinally has helped personalize patient care, particularly for those at high risk of surgical interventions.

CONCLUSION

We appreciate Erkut et al.'s contribution to IBD management and follow-up. This study paves the way for more research on biomarkers like FC, which could revolutionize the management and prognosis of IBD by enabling proactive, individualized patient care.

Sincerely,

Keywords: Fecal calprotectin, inflammatory bowel disease, complications, acute phase reactants

ETHICAL DECLARATIONS

Referee Evaluation Process: Externally peer-reviewed.

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