

Is C-reactive protein elevation a common finding in colonic diverticular disease?

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C-reactive protein (CRP) is a very well known acute phase reactant that shows the presence of inflammation, severity of diverticulitis, prediction of perforation, and response to antibiotic therapy in colonic diverticular disease [1, 2]. Nevertheless, there is still lack of data for specificity of CRP in asymptomatic diverticular disease. In this regard, we retrospectively checked CRP levels of 189 patients with asymptomatic colonic diverticula. One hundred and thirty-five (71.4 %) of the patients had CRP levels higher than upper limit of normal (0.4 mg/dL). Fifty-four (28.6 %) had normal CRP levels (<0.4 mg/dL). Based on our single center data, mild CRP elevation is a common laboratory abnormality although the patients do not have clinical and ultrasonographic diverticular disease. Although we do not have a control group to draw a definitive conclusion, we might still propose that CRP elevation is common in asymptomatic colonic diverticular disease. Accordingly, a high CRP level makes a further radiological investigation, meaning a radiation exposure or

increased health expense. So, a more specific screening assay is needed. Fecal calprotectin is useful for recurrent diverticulitis [3] and may be useful for screening in selected cases. In conclusion, CRP should be carefully considered in colonic diverticula patients. Further studies are necessary to reveal the role of mild CRP elevations in asymptomatic colonic diverticular disease.

References

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