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Summary

DIAGNOSTIC ACCURACY OF FAECAL ELASTASE-1 TEST FOR THE DIAGNOSIS OF PANCREATIC EXOCRINE INSUFFICIENCY: SYSTEMATIC REVIEW AND META-ANALYSIS

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Pancreas

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A systematic review and meta-analysis of 19 studies (948 patients) found that faecal elastase-1 testing has high sensitivity but low specificity for diagnosing pancreatic exocrine insufficiency when compared to gold-standard fat absorption measurements.

KEY POINTS

- Overall sensitivity of faecal elastase-1 was 86% (76-94) and specificity was 55% (36-73) using a 200 µg/g cut-off point, with similar performance patterns observed in cystic fibrosis and chronic pancreatitis subgroups.
- A low faecal elastase-1 result supports pancreatic exocrine insufficiency diagnosis in only 55-72% of patients with pancreatic disease, while a normal result does not rule out the condition.
- Using a lower cut-off of 100 µg/g improved sensitivity to 92% (87-96) but specificity remained modest at 65% (52-76).
- The study included diverse pancreatic conditions: cystic fibrosis, chronic pancreatitis, pancreatic surgery, pancreatic cancer, diabetes mellitus, and neuroendocrine tumours.
- This meta-analysis is most relevant for clinicians evaluating the utility of faecal elastase-1 testing in suspected pancreatic exocrine insufficiency.

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