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Summary

# COMBINING LEUCINE-RICH ALPHA-2 GLYCOPROTEIN AND FAECAL BIOMARKERS FOR ACCURATE MONITORING OF SMALL BOWEL ACTIVITY IN CROHN'S DISEASE

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**A prospective study of 104 Crohn's disease patients found that leucine-rich alpha-2 glycoprotein (LRG) and faecal calprotectin are the most accurate biomarkers for detecting small bowel ulcers on balloon-assisted enteroscopy, with dual positivity predicting poor clinical outcomes.**

## KEY POINTS

- LRG and faecal calprotectin showed the highest areas under the curve (0.841 and 0.853) for detecting small bowel ulcers, with LRG demonstrating 78% sensitivity and 80% specificity at 13 µg/mL and faecal calprotectin showing 91% sensitivity and 67% specificity at 151 µg/g.
- Dual positivity for LRG and faecal calprotectin achieved 92% specificity for ulcer detection, while dual positivity for LRG and faecal haemoglobin reached 100% specificity.
- Patients positive for both LRG and either faecal calprotectin or faecal haemoglobin were associated with poor clinical outcomes including hospitalisation, surgery, and relapse.
- The study enrolled 104 consecutive patients with ileal and ileocolonic Crohn's disease who underwent balloon-assisted enteroscopy evaluated using modified Simple Endoscopic Score for CD, with ulcers defined as those at least 0.5 cm.

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