Abstract

Up to 20 % of patients with IBD (inflammatory bowel disease) is diagnosed in childhood, the course of the disease tends to often be more severe and the treatment more difficult than in case of adults. Therefore, it is necessary to commence or eventually change the treatment in order to prevent development of complications. Early detection of relapse plays significant role for further course of the disease and general prognosis of the patient. Changes to laboratory parameters (e.g. to the level of fecal calprotectin) can significantly prevent the development of clinical symptoms and may indicate the necessity for control endoscopy, further escalation or change in therapy.

The primary focus of this thesis are patients who underwent surgical bowel resection, who constitute one of the risk groups.

Studies show that as many as 70 % of patients suffering from Crohn's disease reach the point of bowel surgery within the first 10 years of the diagnosis. According to the results, a promising predictor of relapse of the disease seems to be serum albumin, which may relate to the overall nutritional status of the organism. We have also examined the effectivity of using fecal calprotectin and CRP as relapse predictors. Testing directly in the resected bowel did not prove usability of calprotectin as a predictor, as the higher levels of calprotectin-positive cells in resection margins do not corelate with development of endoscopic relapse of the disease.

Keywords

Crohn's disease, ileocecal resection, relapse, remmision, predictor, marker, calprotectin, pediatrics