Chapter 6

Acute phase proteins in intra-peritoneal drain fluid: to drain or not to drain

Comment on: Acute phase proteins in drain fluid: a new screening tool for colorectal anastomotic leakage? The APPEAL study: analysis of parameters predictive for evident anastomotic leakage

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Published: Am J Surg. 2015; 210:597-8
ACUTE PHASE PROTEINS IN INTRA-PERITONEAL DRAIN FLUID: TO DRAIN OR NOT TO DRAIN

Comment on: Acute phase proteins in drain fluid: a new screening tool for colorectal anastomotic leakage? The APPEAL study: analysis of parameters predictive for evident anastomotic leakage

With interest we read the prospective observational study regarding the measurement of acute phase proteins in drain fluid as a screening tool for anastomotic leakage after colorectal surgery by Komen et al, published in the American Journal of Surgery 1. The project group assessed several acute phase proteins in postoperative drain fluid following elective colorectal resections and found C-reactive protein (CRP) and lipopolysaccharide-binding protein (LBP) to be associated with anastomotic leak. Hence, CRP and LBP may serve as marker for anastomotic leak.

An anastomotic leak is associated with increased morbidity and mortality. Early diagnosis and treatment of complications decreases the associated morbidity and mortality 2-4. The measurement of acute phase proteins in drain fluid can be useful.

The study included patients who electively underwent colorectal surgery. Not all patients received a drain peri-operatively and we wonder what indications for placement and removal of a drain were used 5-7.

A standardized postoperative quality control algorithm, aimed at identifying patients at risk of developing anastomotic leak and other major complications, allows for early diagnosis and treatment of these patients, thereby decreasing morbidity and mortality rates. The study by Komen et al addresses an important issue in the diagnosis of anastomotic leakage.

The implementation of a standardized postoperative quality control algorithm, aimed at early diagnosis and treatment of major complications after major abdominal surgery, can decrease morbidity and mortality. Currently our project group is focusing on setting up a prospective randomized clinical trial with standardized postoperative measurements of C-reactive protein. In order to diagnose in an early phase patients at risk of developing major complications and as a safe discharge criterion. www.precious-trial.nl
REFERENCES


