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INTRODUCTION AND OBJECTIVE

Obesity as a pro-inflammatory state is associated to increased levels of C reactive Protein (CRP). CPR is considered as a cardiovascular (CV) risk independent marker and is being researched as a predictive atherosclerosis biomarker in obese children.

The American Heart Association (AHA) recommends a 3 class approach when aiming at CV risk stratification (Low <1,0 mg/L; Moderate 1,0-3,0 mg/L; High >3,0 mg/L). These classes were extrapolated to the pediatric aged patients. Compare the performance of two different CPR assays, using blood samples from an obese pediatric population

METHODS

79 patients were enrolled (convenience sample) (ages 12-17).

Serum CPR levels were simultaneously assayed using two distinct analytical methods: Classic wide range CPR assay (wrCPR Siemens Latex enhanced immunoturbidimetry; ADVIA® 2400; CMD=0,03mg/L Normalization: CRM 470 IFCC), and high sensitivity PCR (CardioPhase® hsCRP Siemens BNproSpec® Siemens CMD=0,175mg/L).

SPSS® 20V software was used for statistical analysis.

RESULTS

The Correlation coefficient (R=0,9971)(p<0,001)(Pearson's test) showed a very strong positive correlation between the two assays. (y=1,26x-0,34).

The Bland-Altman dispersion plot, pointed that the inter assay (absolute (AD) and percentual (PD)) differences were in 95% confidence interval (except one outlier (>10mg/L) (AD) and the 6 lowest pairs (PD)).

PCR values of both assays were stratified according to AHA CV risk classes, (72 pairs (91,14%) were grouped in the same class, including the aforementioned 6 lowest pairs). The Fleiss' test (κ=0,858)(p<0,001) showed a very strong AHA class agreement of both assays.

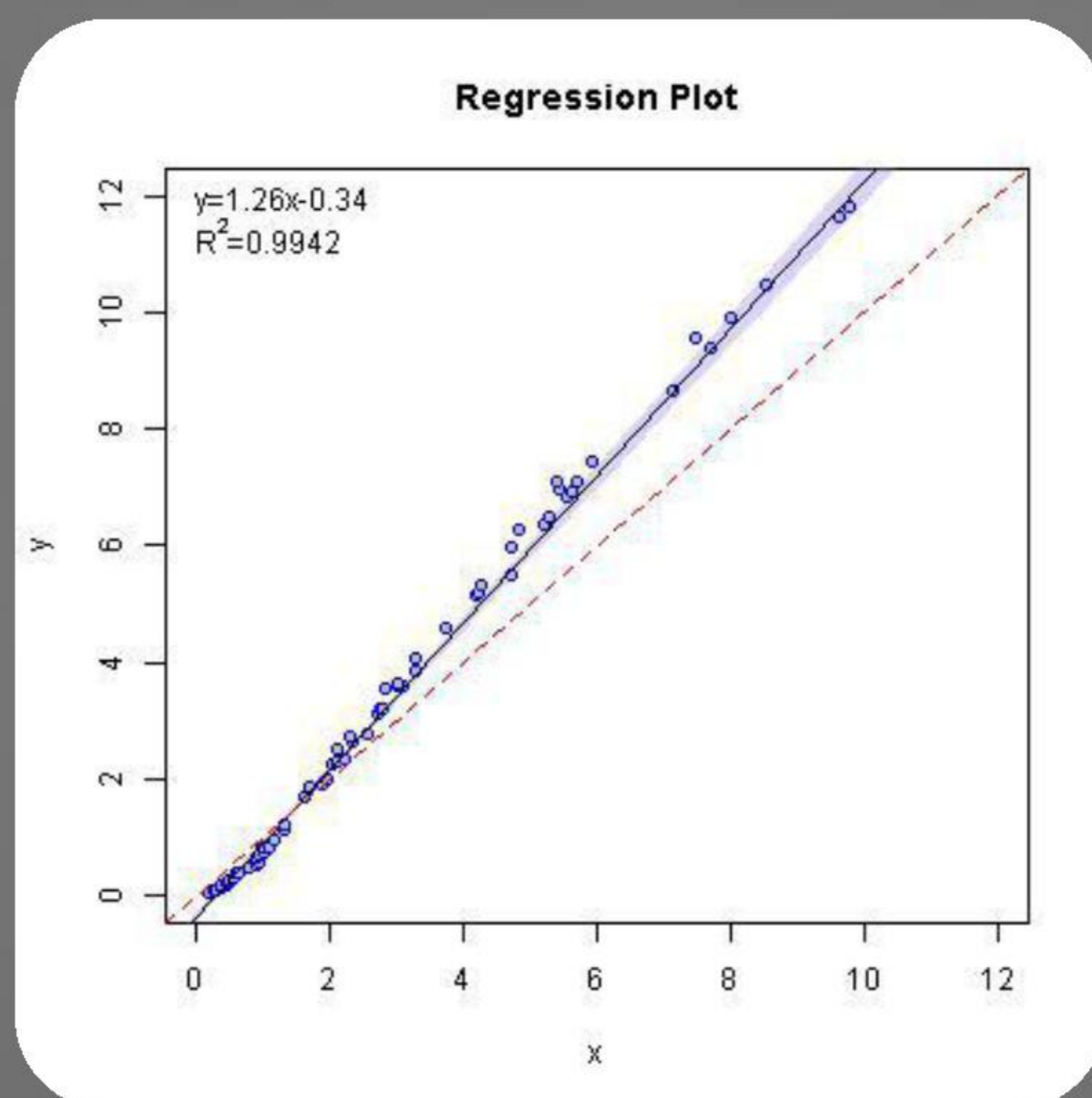


Fig 1. Linear Regression (Y=wrCPR; X= hsCRP)

		wrCPR		
		Class 1	Class 2	Class 3
hsCRP	Class 1	22	0	0
	Class 2	3	13	4
	Class 3	0	0	37

K = 0,858

Table 1. Class Agreement

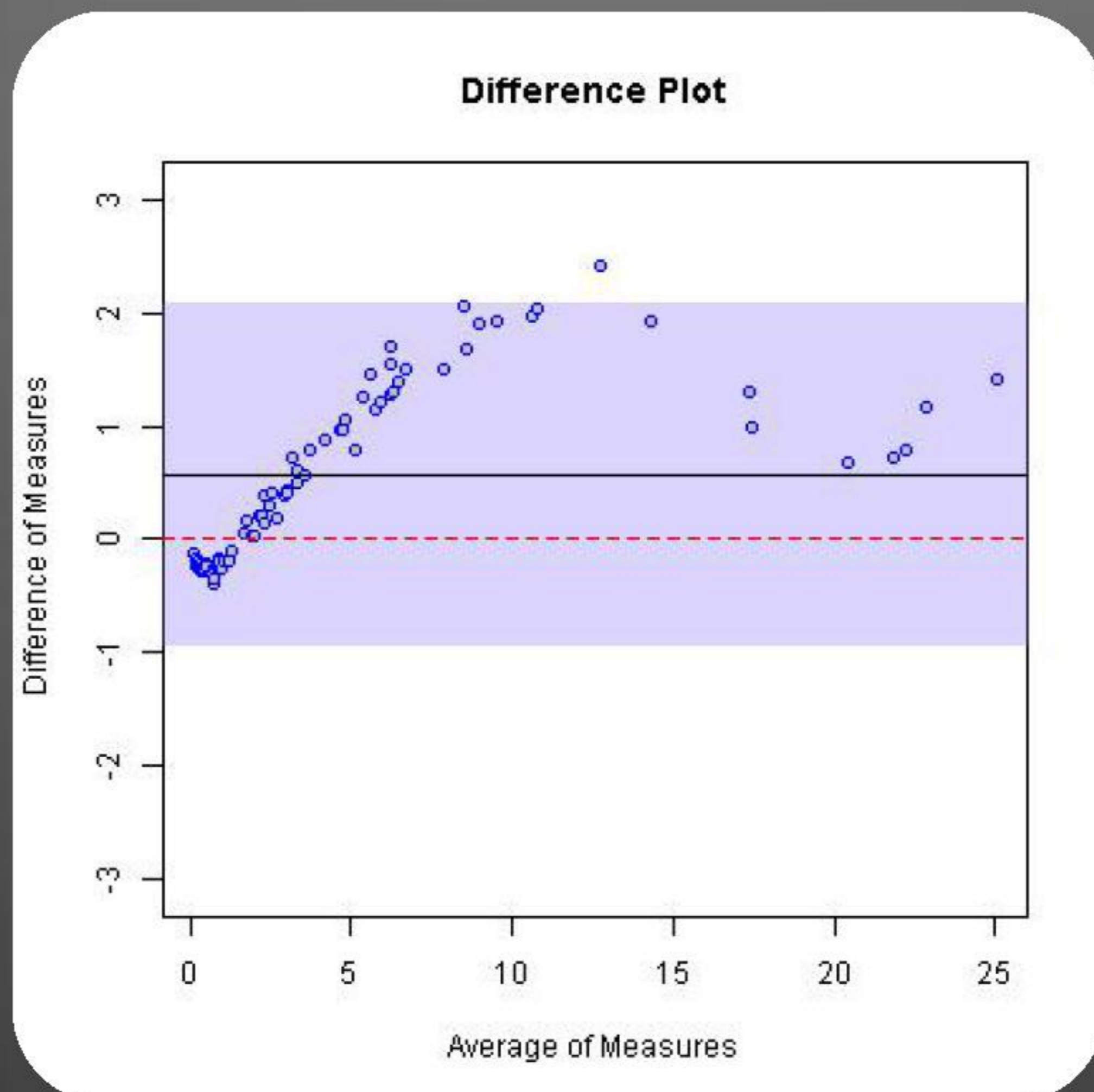


Fig 2. Bland-Altman Plot

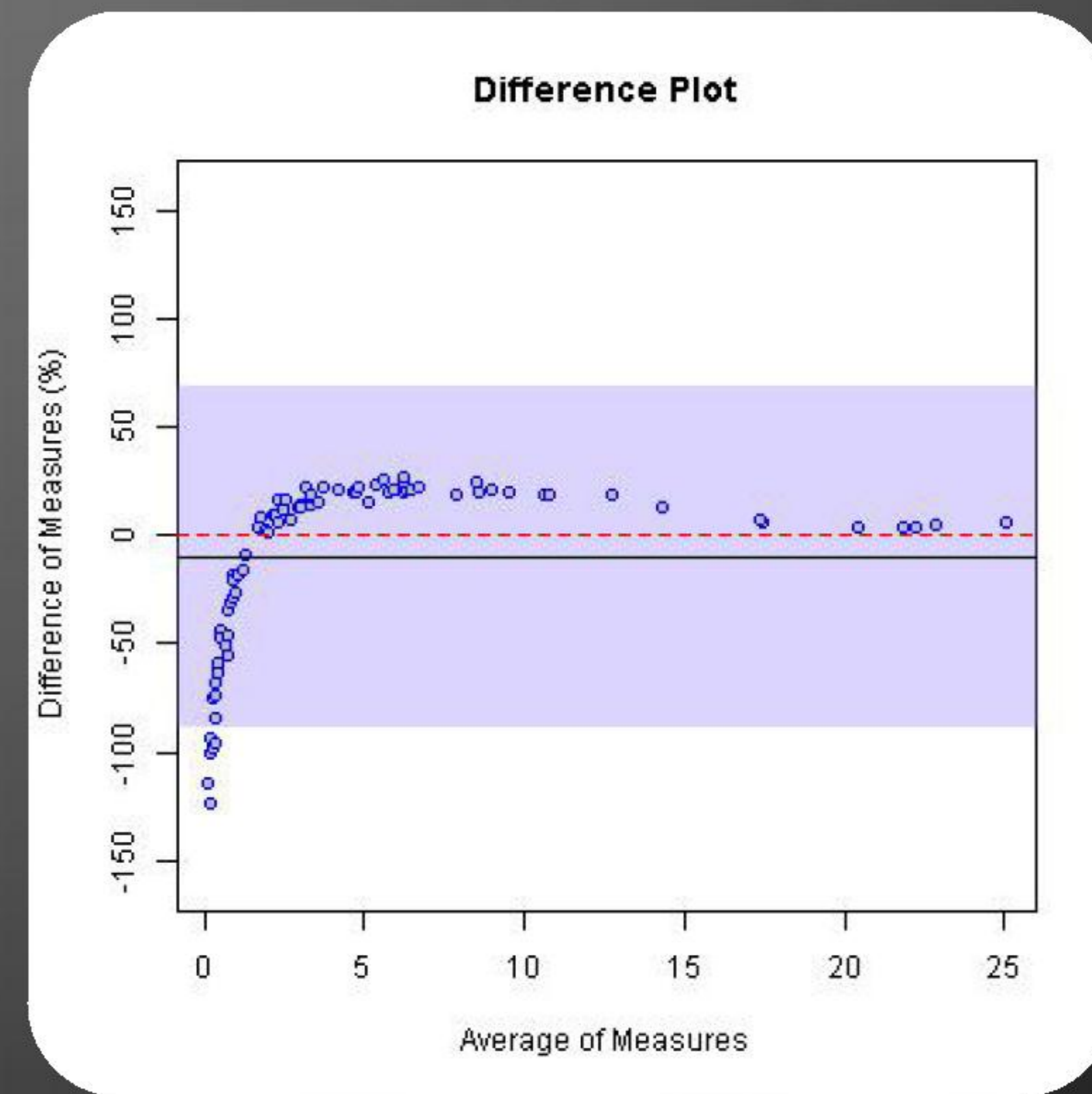


Fig 3. Difference Plot (%)

CONCLUSION

A strong correlation and agreement has been shown between the two assays.

BIBLIOGRAPHY: HindCRK, Pepys MB. The role of serum C-reactive (CRP) measurement in clinical practice. *Int Med* 1984; 5:112-51; van Leeuwen M, van Rijswijk MH. Acute phase proteins in monitoring of inflammatory disorders. *Baillieres Clin Rheu-matol* 1994; 8:531-52; Pearson TA, Mensah GA, Alexander RW, et al. Markers of Inflammation and Cardiovascular Disease: application to clinical and public health practice: A statement for healthcare professionals from the Centers for Disease Control and Prevention and the American Heart Association. *Circulation* 2003;107:499-511; Ridker PM, Cushman M, Stampfer MJ, et al. Plasma concentration of C-Reactive Protein and risk of developing peripheral vascular Disease. *Circulation* 1998; 97:425-8; Ridker PM, Glynn RJ, Hennekens CH. C-reactive protein adds to the predictive value of total and HDL cholesterol in determining risk of first myocardial infarction. *Circulation* 1998; 97:2007-11; Ridker PM, Rifai N, Rose L, et al. Comparison of C-reactive protein and low-density lipoprotein cholesterol levels in the prediction of first cardiovascular events. *N Engl J Med* 2002; 347: 1557-65; *Agradecemos a colaboração de Lia Filipe e Susana Silva para a realização deste póster.*

