



# CALGRANULIN C & CALPROTECTIN as biomarkers of severe bacterial infection



ÚVN

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## BACKGROUND

Sepsis remains a severe healthcare problem, it remains primary cause of death from infection; mortality rate at intensive care units is approximately 30%<sup>[1]</sup>. Sepsis is a life threatening medical condition caused by infection. After recognition of infectious agents, immune cells release plenty of proinflammatory and antiinflammatory mediators such as cytokines, chemokines and other molecules. This excessive reaction leads to a dysregulation in immune response and cause extensive tissue and organ damage<sup>[2]</sup>. Aim of our study is to identify a panel of novel biomarkers to rapid diagnosis and estimation of sepsis course severity.

## AIMS

- to describe calgranulin C and calprotectin kinetics
- to evaluate novel biomarkers of bacterial infection
- to distinguish in site of infection

## METHODS

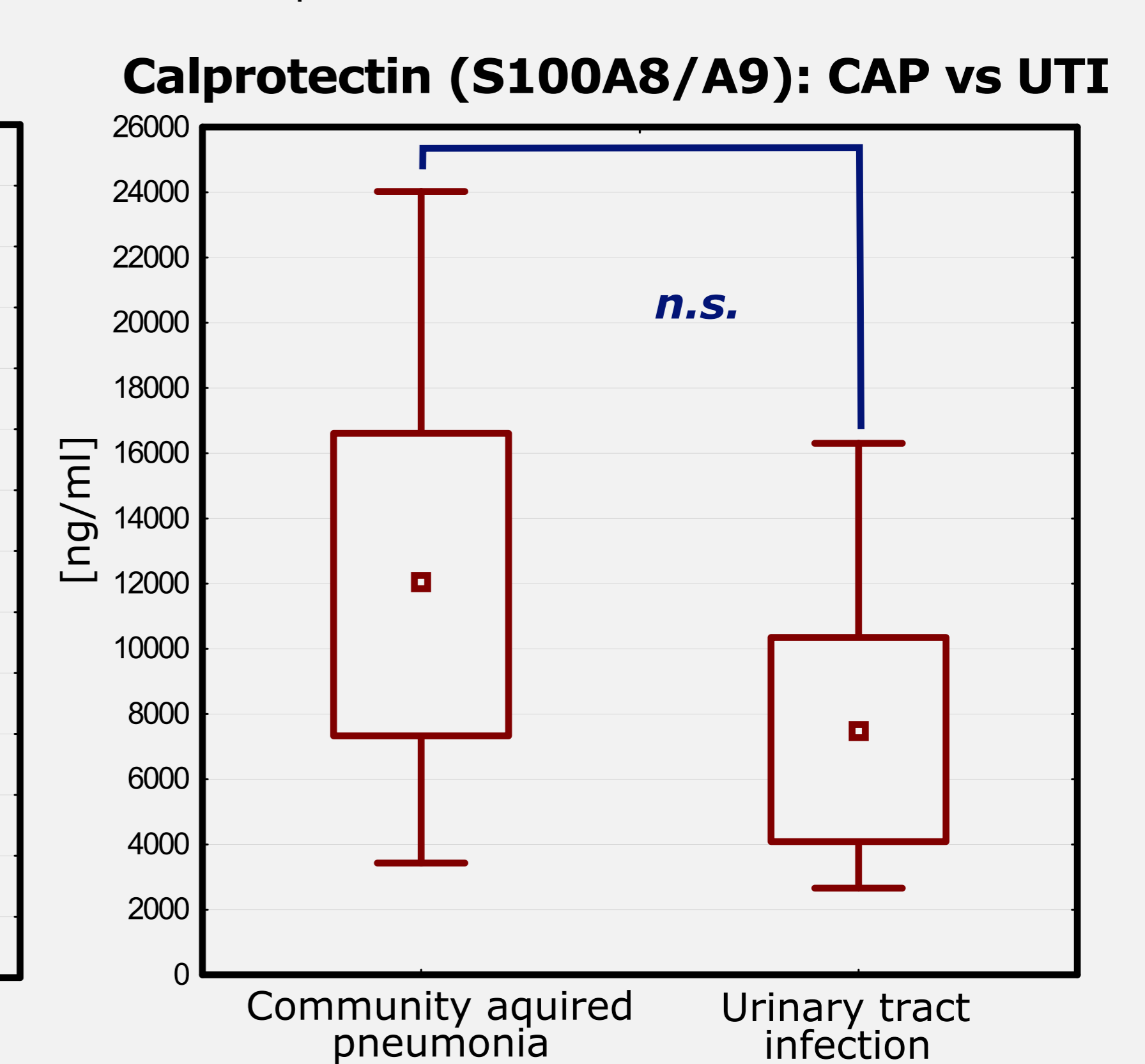
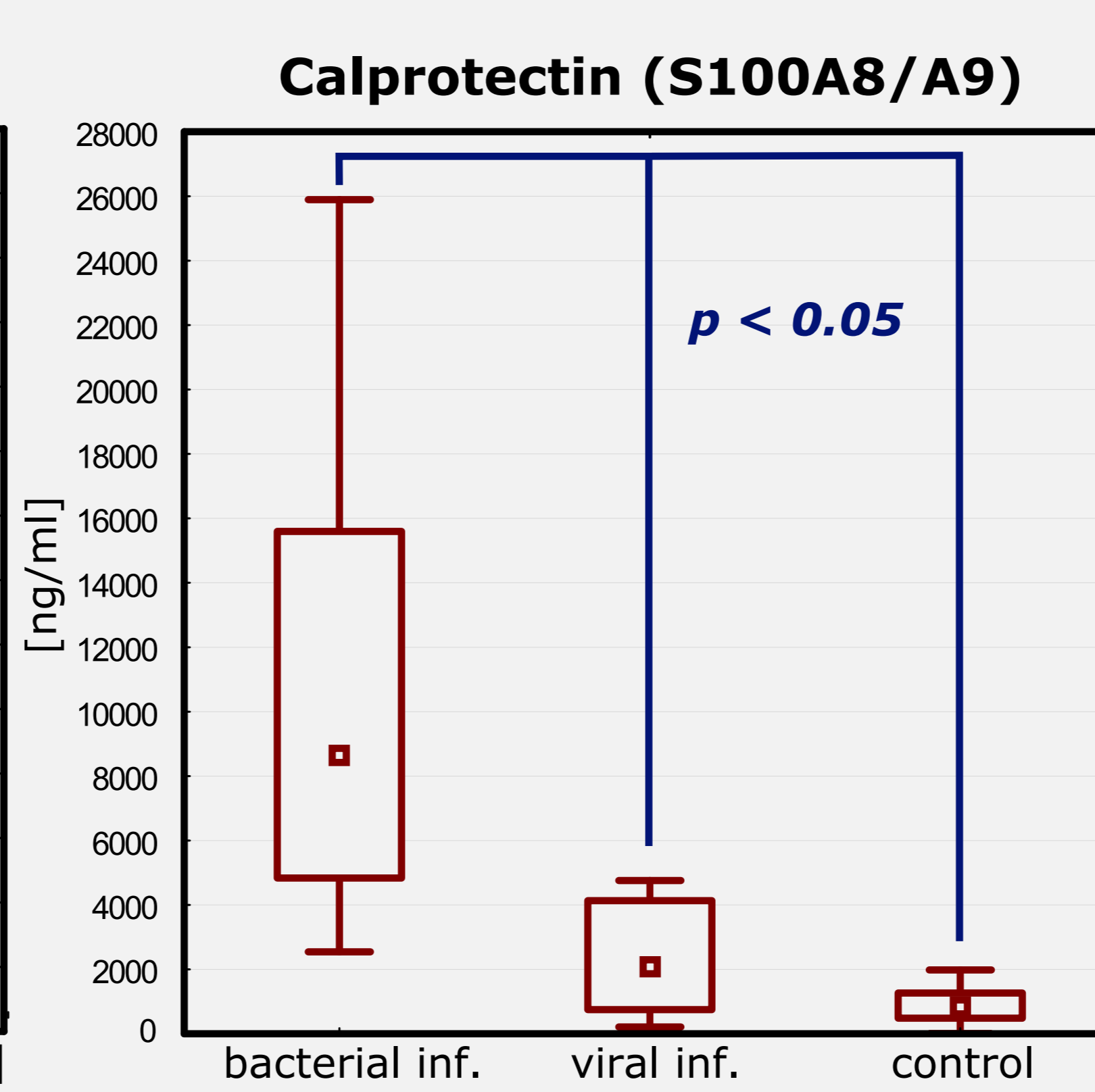
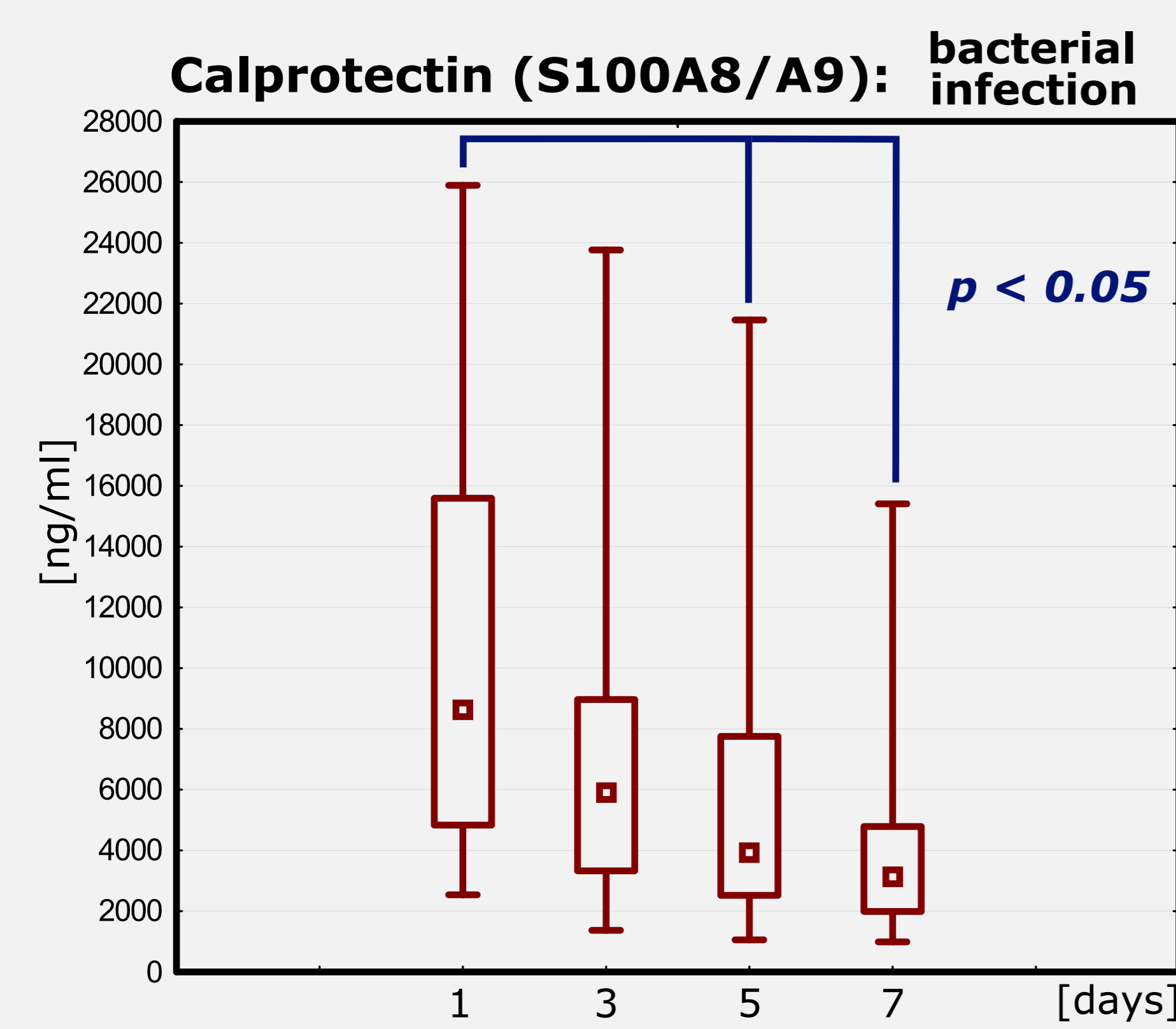
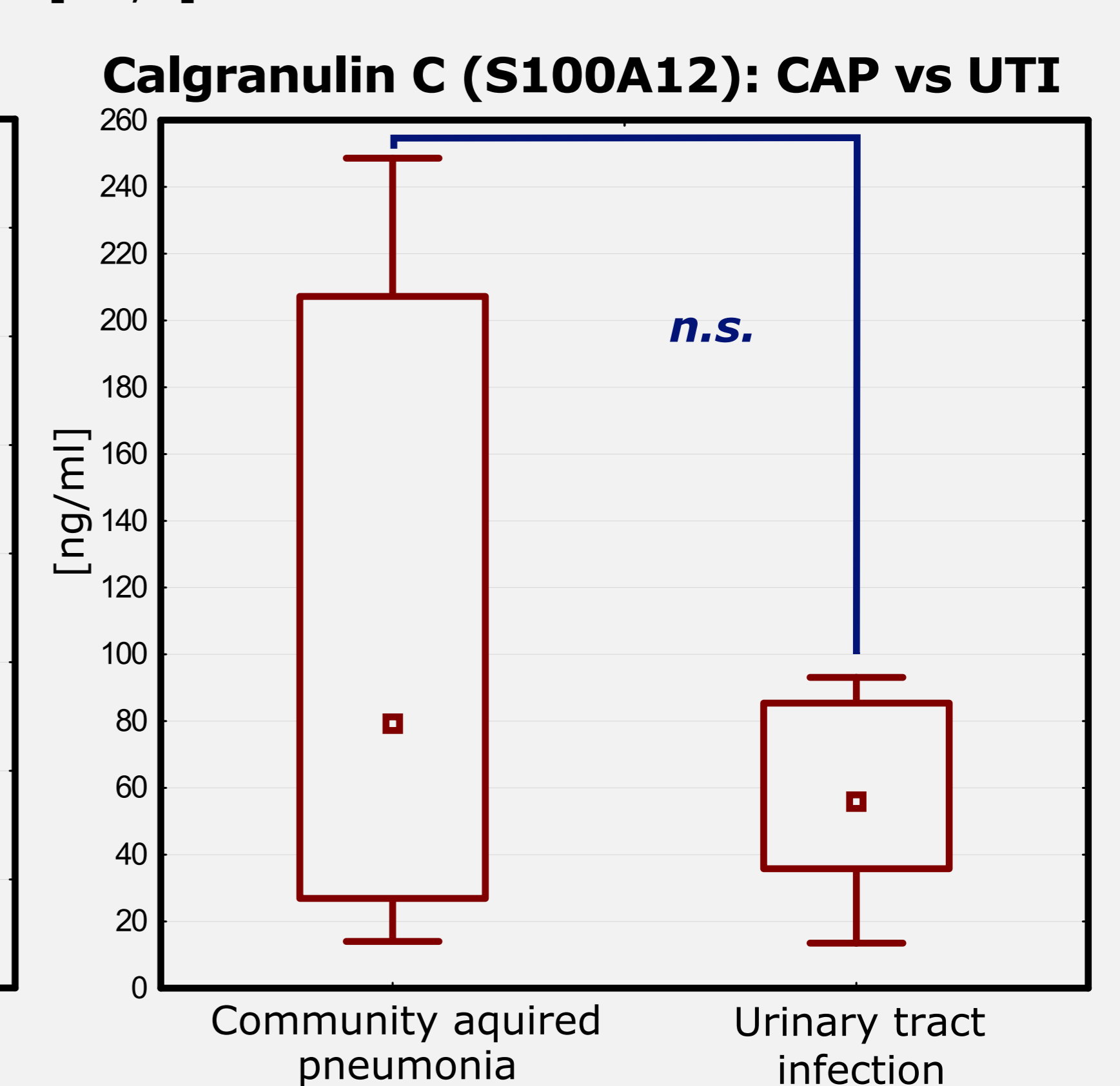
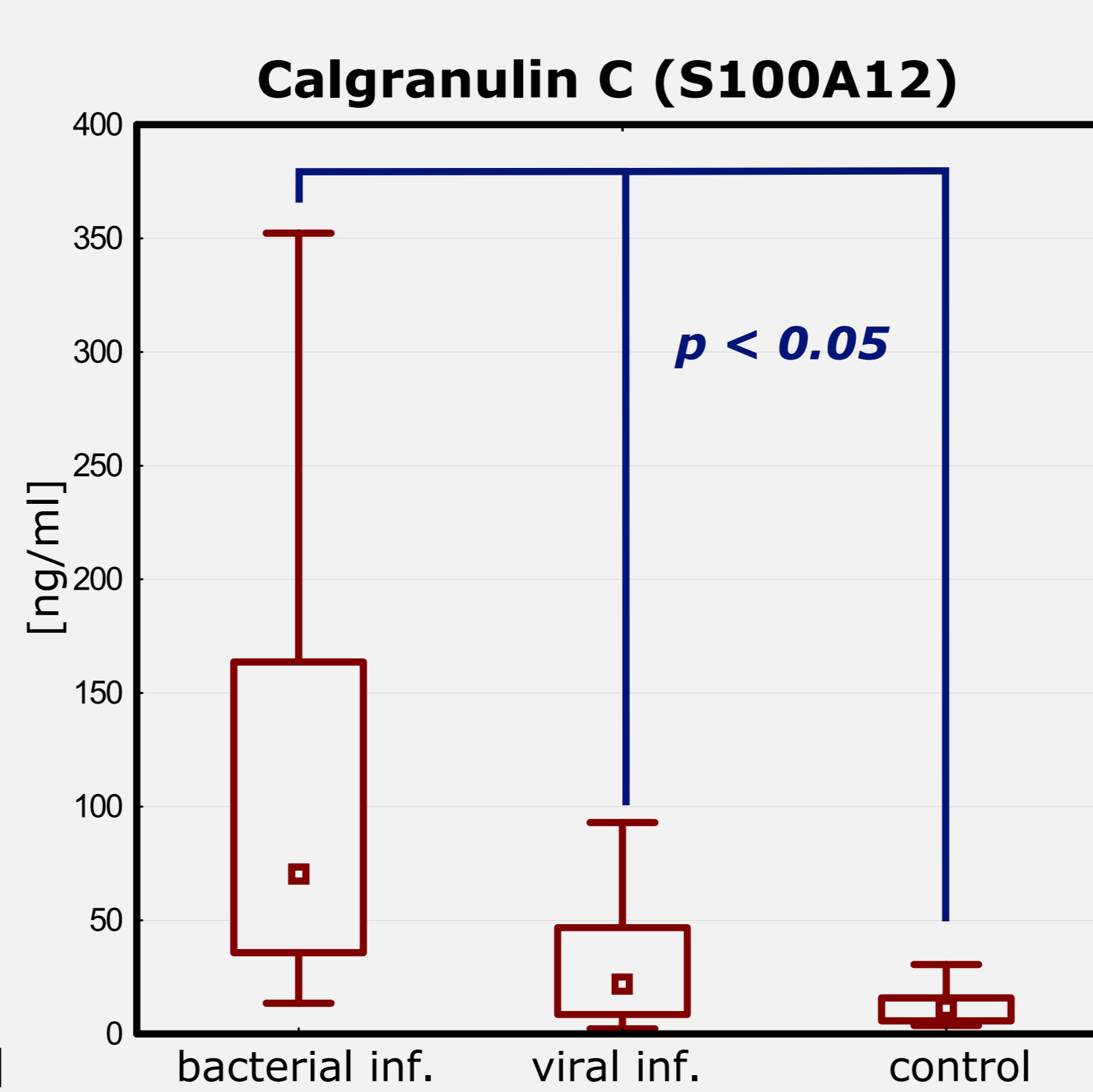
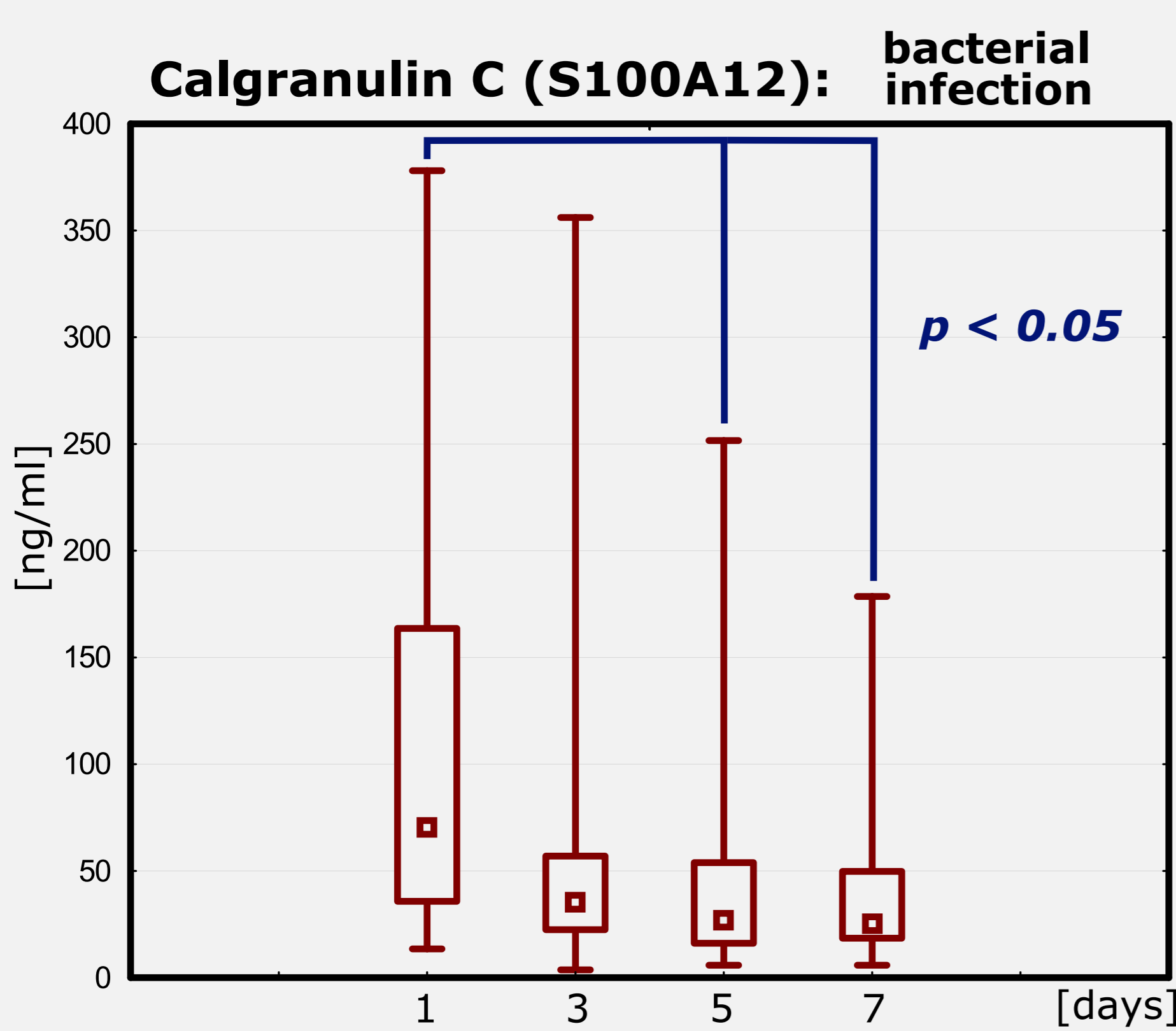
- patients: sepsis (Sepsis-2 criteria)  
blood samples: day 1, 3, 5, 7
- 2 control groups: healthy donors  
patients with viral infection
- analysis: ELISA (Biovendor, CZ)

## CONCLUSION

- possible biomarkers of bacterial infection
- correlation with clinical improvement
- no difference in site of infection
- limitation - small groups

## RESULTS

Study groups	Site of bacterial infection [%]			Etiology [%]	
	n	male [%]	age [median; IQR]		
bacterial infection	43	44,2	53 (27)	urogenital tract n=18 [41,9]	<i>Escherichia coli</i> 37,2
viral infection	15	60,0	31 (9)	respiratory tract n=11 [25,6]	<i>Staphylococcus aureus</i> 7,0
controls	25	60,0	53 (17)	gastrointestinal tract n=4 [9,3]	<i>Campylobacter jejuni</i> 7,0
				skin and soft tissue n=3 [7,0]	others 11,6
				others n=7 [16,3]	unknown 37,2



n.s.: non significant

## CALGRANULIN C & CALPROTECTIN

Calgranulin C (S100A12) and calprotectin (S100A8/A9) are calcium binding proteins which belong to a group of Danger Associated Molecular Patterns called alarmins. These molecules are released after tissue damage caused by trauma or infection. Alarmins stimulates innate immune cells to produce cytokines. Calgranulin C and calprotectin are members of S100 protein family and they are mostly contained in epithelial cells and neutrophil granulocytes; calgranulin C and calprotectin represent almost 40% of cytosolic content in neutrophil granulocytes. Intracellularly they participate in calcium metabolism, cell proliferation and differentiation. Once released, they play a role in adhesion and migration of neutrophils, stimulate cytokine production and secretion in monocytes and endothelial cells. The antimicrobial and antiparasitic activity is also described. Calgranulin C binds to receptor for advanced glycation endproducts (RAGE) and calprotectin uses toll-like receptor 4 (TLR4). The significant role of S100 proteins in case of sepsis, acute respiratory distress syndrome and asthma bronchiale is suggested. Some studies point to regenerative potential in wounds and in liver tissue reparation process<sup>[3]</sup>.

## ACKNOWLEDGEMENTS

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## REFERENCES

- [1] Vincent JL, Marshall JC, Namendys-Silva SA, Francois B, Martin-Loeches I, Lipman J, Reinhart K, Antonelli M, Pickkers P, Njimi H et al: Assessment of the worldwide burden of critical illness: the Intensive Care Over Nations (ICON) audit. *Lancet Respir Med* 2014, 2(5):380-386
- [2] Bone RC, Balk RA, Cerra FB, et al. Definitions For Sepsis And Organ Failure And Guidelines For The Use Of Innovative Therapies In Sepsis. The Accp/Scm Consensus Conference Committee. *American College Of Chest Physicians/Society Of Critical Care Medicine.Chest.* 1992;101(6):1644-1655.
- [3] Chan JK, Roth J, Oppenheim JJ, et al. Alarmins: awaiting a clinical response. *The Journal of Clinical Investigation.* 2012;122(8):2711-2719.