

Lactoferrin as a Marker of Systemic Inflammatory Response

E.V. GRIGORIEV, YU.A. CHURLYAEV, O.F. LYKOVA, N.A. ZORIN and E.N. DENISOV

Department of Anesthesiology, Institute of Postgraduate Education, Novokuzneck, Russia

ABSTRACT

Materials and methods. 51 patients, who were ill with generalized peritonitis, went through a prospective randomized research. They were randomized on groups depending on the objective score SAPS (1984): 29 survived people (53%) and 22 people with favorable end (47%). Intensive care and surgical tactics standardized patients. Lactoferrin (LF) as modulator of systemic inflammatory response (SIR) was assessed by immunofluorescence analysis. Statistical processing was done McNemar test. **Results and discussion.** In initial condition dynamics of this laboratory marker defined a group with favorable end as patients with granulocytes activation [1]. On the first 24 hours level of LF was marked twice above values of second group (95% confidence interval (CI) 1670-2024 ng/ml; $p < 0.05$). Then content of LF was increased for certain in highest limit of rate (95% CI 1104-1310; $p < 0.001$). LF level in group with nonfavourable end was remained in lowered figures. It was differ with such in group of comparison for certain (95% CI 811-921 ng/ml; $p < 0.05$). This situation can be explained as repression of nonspecific resistance on repeated effects of endotoxins. Positive connection of LF indices with facts of SIR ($r = 0.457$; $p < 0.05$) can serve as proof of granulocyte's activation in group with favorable end [2].

1. Bistran BR. Crit Care Med. 1999; 27(3); 452-453.
2. Nuijens JH, Abbink JJ, Wachtfogel YT. J Lab Clin Med. 1992; 112(2); 159-168.

Address correspondence to: E.V. Grigoriev, Department of Anesthesiology, Institute of Postgraduate Education, Novokuzneck, Russia. E-mail: grigoriev@nvkz.kuzhass.net
