

C-reactive protein

C-reactive protein (CRP) is one of the most important acute phase reactants. It is a protein that plays the role of opsonins. It got its name due to the fact that it precipitates with the so-called C-polysaccharide of pneumococci^[1].

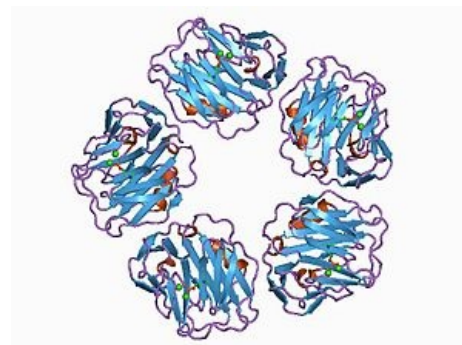
The plasma concentration of CRP **increases as early as 4 hours** after induction of the acute phase reaction and within the first two days, its concentration increases **more than 100-fold**. The maximum concentration is reached in 24-48 hours and the half-life of CRP is approximately 24 hours^[2].

Physiologically, the plasma concentration is up to 8 mg/l^[3]. A rapid and high rise in CRP (typically to values above 60 mg/L) primarily accompanies **acute bacterial infections** and less commonly mycotic infections. Viral infections, on the other hand, tend to be characterized by a relatively small rise in CRP (usually below 40 mg/l)^[4]. Therefore, the determination of plasma CRP concentration helps in deciding whether to initiate antibiotic treatment^[1]. Successful antibiotic therapy then results in a rapid decrease in CRP, whereas an increase persists when treatment is unsuccessful.

Determination of CRP can reveal the risk of **postoperative infection**. On the third day after surgery, its concentration should rapidly decrease to normal. A persistent increase or only a partial decrease, followed by a further increase, indicates the presence of infection or other inflammatory complications.

A slight rise in CRP also accompanies *myocardial infarction*. In general, slightly elevated CRP levels (usually around 10 mg/l) are a sign of high cardiovascular risk^[5]. Monitoring CRP concentrations are also useful in monitoring **autoimmune diseases**^[6].

The disadvantage of CRP is its **low specificity**. Unlike procalcitonin, it does not inform about the severity of organ involvement, but only about the presence of infection. The two markers are not substitutes for each other but complementary.



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References

Related articles

- Procalcitonin
- Blood ■ Blood plasma ■ Blood count ■ Blood sampling for testing ■ Biochemical analysis of blood ■ Laboratory acid-base balance testing ■ Hemoculture ■ Hemocoagulation ■ Blood coagulation testing ■ Bleeding disorders testing ■ Erythrocyte sedimentation rate

References

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