C-reactive protein: It's back

Remember C-reactive protein, also known as CRP? As a diagnostic test it is no longer looking for space on the shelf with such relics as thymol turbidity, LE cell, and protein-bound iodine. CRP is back, better than ever, with a sensitive new assay and a newly recognized relationship to atherosclerosis.

In this issue on page 521, Drs. Patel, Robbins, and Topol describe recent findings associating low-level elevations of CRP with increased risk of cardiovascular disease. While the reason for this association is not yet clear, they present some interesting ideas on how inflammatory mechanisms might play a role in atherogenesis, involving the production of cytokines that stimulate the liver to produce CRP.

Dr. Kushner (page 525) presents a more traditional look at CRP, pointing out that CRP elevations, especially in the ranges seen in atherosclerotic disease, need not reflect inflammation at all. Dr. Mandell (page 538) joins the debate and calls attention to the dilemma of how to interpret mild elevations of CRP clinically in view of the fact that so many different potential causes exist.

However it all turns out, we clearly haven't heard the last of CRP. Those of us who make our living providing consults generated by abnormal but nonspecific laboratory tests such as antinuclear antibody (ANA) are bound to see a surge in business, if not of ANA-like proportions, still certainly respectable. Given the way things are going in medicine, we should probably be glad for small favors.

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