Figure. Differential Diagnosis of Inflammatory Bowel Disease

Patient with symptoms suggestive of IBD

CRP, ESR, Calprotectin, Quantitative Lactoferrin

Inflammation present

ANCA
ASCA

Atypical P-ANCA+ASCA–

UC likely

Atypical P-ANCA–ASCA+

CD likely

Moderate/high clinical suspicion

Radiology, endoscopy, histology

IBD diagnosed

IBD not diagnosed

UC and CD differentiated

Consider other causes

Inflammation not present

IBD unlikely; consider irritable bowel syndrome

Atypical P-ANCA–ASCA–

Low clinical suspicion

Observation and reevaluation

IBD indicates inflammatory bowel disease; CRP, C-reactive protein; ESR, erythrocyte sedimentation rate; ANCA, anti-antineutrophil cytoplasmic antibodies; ASCA, anti-<i>Sacharomyces cerevisiae</i> antibodies; P-ANCA, perinuclear ANCA; UC, ulcerative colitis; CD, Crohn disease.

This figure was developed by Quest Diagnostics based in part on references 2, 3, and 13. It is provided for informational purposes only and is not intended as medical advice. A physician’s test selection and interpretation, diagnosis, and patient management decisions should be based on his/her education, clinical expertise, and assessment of the patient.