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Title: Surfactant protein D (SPD) and C-reactive protein (CRP) in patient with low respiratory tract infections (LRTI)

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Body: The aim of study was to evaluate the diagnostic significance of plasma SPD and CRP in patients with LRTI. Study population. 4 patients with COPD acute exacerbations (AE COPD), 8 patients with community acquired pneumonia (P) and 10 healthy persons (H) made the study sample. Methods. Plasma CRP and SPD were measured in addition to physical examination, spirometry and chest X-Ray. Results are shown in table 1.

Groups	SPD, Me [25-75%] ng/ml	CRP, mg/l Me [25-75%]
AE COPD	833.65 [721.00-1121.80]#, \$	7,14 [5,89-26.60]##, \$\$
P	455.55 [275.20-560.05]*,	79,85 [32,85-189.00]]**
H	280.00 [232.00-407,13]	5,50 [5,42-5.78]

pAE COPD-P= 0.017; \$ pAE COPD-H = 0.005; * pP-H = 0.28; ## pAE COPD-P = 0.027; \$\$ pAE COPD-H = 0.024; ** pP-H =0.001

There was no any correlation between SPD and CRP either in patients with AE COPD, or in H (R = -0.4, p = 0.6; R = -0.47, p = 0.16 respectively). But SPD significantly correlate with CRP in patients with P (R = 0.8, p = 0.01). Conclusions: 1) Both SPD and CRP increases in patients with LRTI. 2) Probably SPD more significantly reflects long-term lung inflammation, while CRP reflects acute injury. 3) Plasma SPD strongly positively correlates with CRP in patients with P.