**Results:** Group A (IBD) had a mean FLA of 401.3 (SEM 61.7, range 104-783.1) in contrast to 2.1 (SEM 0.9, range 0-9.8) determined for group B (control). These results are significantly different as determined by a two-tailed T-test (p < 0.002). The lowest levels of FLA (104 and 113) in IBD patients (group A) were measured in 2 patients with localized Crohn’s disease (ileitis terminalis and some scattered aphthous lesions, but without severe colitis). The highest level of FLA (783.1) and CRP (145.2) was observed in a boy with severe pancolitis ulcerosa. 5 out of 7 UC patients had normal CRP but all had elevated FLA. All patients of group B had normal upper endoscopy and ileocolonoscopy and normal histology. CRP was negative, too. The sensitivity, specificity and overall correlation for FLA were 100%, 90% and 96%, respectively.

**CONCLUSION:** Elevated FLA differentiated between subjects with the presence of inflammation and those having intact and normal intestinal mucosa. These results demonstrate that the determination of FLA is useful in diagnosing IBD in pediatric patients. Even in patients with normal CRP elevated levels of FLA correlated to the presence of inflammation as determined by endoscopy and histology (R=0.96). Our results show that FLA is a helpful parameter for the early diagnosis of pediatric IBD and may assist with the scheduling of invasive diagnostics like endoscopy or the evaluation of therapy.