

Coeliac disease

Disclaimer:
Read the disclaimer at medimaps.co.uk/disclaimer

References:
1. cks.nice.org.uk
2. Prof Roger Jones, RCGP lecture June 2016

Symptoms

- Persistent, GI symptoms.
- Faltering growth in children.
- Prolonged fatigue.
- Unexpected weight loss.
- Severe or persistent mouth ulcers.
- Unexplained iron, vitamin B12, or folate deficiency.
- Type 1 diabetes mellitus.
- Autoimmune thyroid disease.
- IBS in adults.
- Unexplained peripheral neuropathy or ataxia.
- Unexplained recurrent miscarriage or subfertility.
- Persistent, unexplained raised liver function tests.
- Dental enamel defects.

- Indigestion.
- Diarrhoea.
- Abdominal bloating.
- Constipation.

- Consider testing if:
- A first-degree relative with coeliac disease.
- A metabolic bone disorder such as osteomalacia or reduced bone mineral density.
- Down's syndrome or Turner syndrome.

- Complications:

- Osteoporosis.
- Increased risk of fragility fractures.
- Chronic pancreatitis with pancreatic insufficiency.
- Autoimmune hepatitis, primary biliary cirrhosis, and primary sclerosing cholangitis.
- Splenic dysfunction.
- Bacterial overgrowth.
- Lactose intolerance.
- Microscopic colitis.
- Hodgkin's and non-Hodgkin's lymphoma, small intestinal adenocarcinoma, and pancreatic cancer.

Investigations

Immunoglobulin IgA tissue transglutaminase antibody (tTGA)
AND/OR
IgA endomysial antibody (EMA)

- Must be eating gluten-containing foods at least twice daily for 6/52 before the test.
- This is not for diagnosis. It is to decide who needs further tests.

- Wheat.
- Barley.
- Rye.

REAL CLINICAL CASE email 2021 from gastro consultant:
tTG antibody consistently +ve on the last few occasions, however, endomysial antibodies have been -ve. Pt's with such serology have a low probability of coeliac disease, and the confirmation test would be a small intestinal biopsy on a gluten containing diet. But he does not want the biopsy. So to confirm the Dx, if he goes on a gluten free diet and the repeat tTG becomes normal, it would indicate coeliac disease.

Interpretation

-ve

equivocal

+ve

- Check for IgA deficiency.
- If IgA deficiency is present, this will cause a false-negative specific IgA test, so test for specific IgG instead (IgG tTGA, IgG EMA, or IgG deamidated gliadin peptide [DGP]), depending on local laboratory protocols.
- If serology tests are truly negative, advise the person that this excludes coeliac disease at present, but it does not rule out the possibility of developing coeliac disease in the future.
- If serology tests are negative, but symptoms suggestive of coeliac disease persist, consider specialist referral.

- In adults, do the other test i.e. tTGA or EMA.
- In children, refer to a paediatric gastroenterologist.

- Refer young people and adults to a gastroenterologist for endoscopy and intestinal biopsy to confirm or exclude coeliac disease.
- Refer children to a paediatric gastroenterologist or a paediatrician with a special interest in coeliac disease for further investigation to confirm or exclude coeliac disease. This may include further serology testing, intestinal biopsy, HLA genetic testing, or a combination of these.
- The urgency of referral will depend on clinical judgement.
- Advise the person that they should continue to eat gluten-containing foods (at least twice every day) until the intestinal biopsy has been performed.

Management

- Refer to gastroenterology.

- Monitoring every 12-24 months.

- Weight and BMI.
- FBC.
- Ferritin, B12, folic acid.
- Vit D.
- Immunoglobulin IgA tissue transglutaminase antibody (tTGA) and endomysial antibodies.

- If previously low or in at risk group.

- If previously raised and/or any concerns about dietary compliance with gluten free diet.

DEXA

- Every 2 yrs.

Planning pregnancy

- Folic acid 5mg OD.