

Diagnostic Challenges in Celiac Disease

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Abstract

1. The most important challenge in diagnosis of celiac disease is not-performing the diagnostic tests in suspected persons. Because of multi-organ damage and multiple manifestations of disease, diagnosis of celiac disease may be delayed. It seems general physicians should be aware about uncommon presentations of disease and indications of celiac tests.

2. The second most important challenge is in patients with suspected disease but negative serologic tests. In these cases evaluating of Human Leukocyte Antigen (HLA) can be useful.

3. The third challenge is in cases with positive serologic tests but negative histopathological findings. There may be false positive serologic response or consumption of gluten before testing. We recommend introduction of gluten for at least 3 mo and re- endoscopy and if diagnosis is equivocal HLA-typing for DQ8 and DQ2 should be done.

4. The fourth challenge is about performing endoscopy. Based on guideline from European Society for Paediatric Gastroenterology Hepatology and Nutrition (ESPGHAN) if there are typical clinical manifestations of celiac disease, Anti-tissue Transglutaminase (Anti-tTG) more than ten times Upper Limit Normal (ULN), positive Anti Endomysial Antibodies (Anti-EMA) and HLA DQ2, performing endoscopy may not be necessary, but many physicians don't agree with this idea.

5. In people who are genetically predisposed to celiac disease antibody levels may be fluctuating thus endoscopy with biopsy should be done in these patients.

6. In children lower than 2 years, Anti- tTG and Anti-EMA have low sensitivity. we recommend Anti-tTG and Anti-Deamidated Gliadin Peptide (Anti-DGP) in these patients.

7. Resolution of symptoms after gluten free diet is not necessarily a feature of celiac disease. This condition may be seen in patients with Irritable Bowel Syndrome (IBS) or non-celiac gluten sensitivity.

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Received: Jan 27, 2014 ; Accepted: Mar 10, 2014