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Celiac Disease: Concepts & Conundrums

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What is the Preferred Initial Test for Celiac Disease (CD)?

- A. Anti-gliadin antibodies (AGA)
- **B.** Anti-tissue transglutaminase (TTG) antibodies
- C. Anti-nuclear antibodies (ANA)
- D. HLA DQ8



Patients with CD Should Avoid all the Following Except?

- A. Bread
- **B.** Beer
- C. Barley
- **D.** Wine



All of the Following are Known Complications of CD Except?

- A. Lymphoma
- **B.** Renal failure
- C. Fractures
- D. Esophageal cancer





Celiac Disease ("Sprue")

- Autoimmune disease
- T-cell mediated reaction to gluten
 - Storage protein for wheat, barley, rye
 - Harmful to mucosal villi in small intestine
- One of the commonest causes of malabsorption
- Associated with other autoimmune diseases
 - Type 1 Diabetes (3-10%)



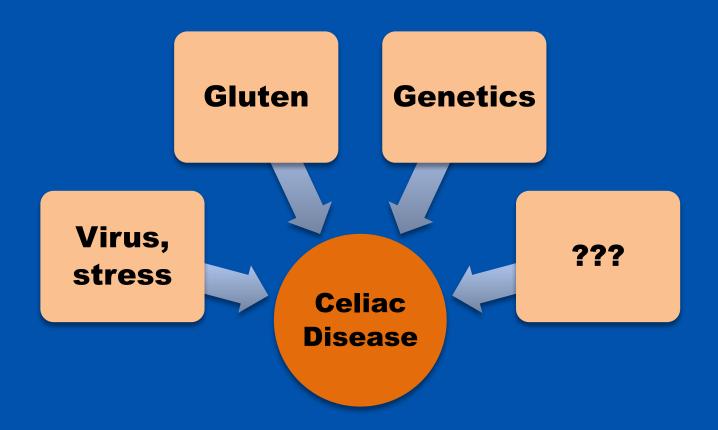


Epidemiology

- Prevalence 1%
- Highest in Europe, increasing worldwide
- Largely underdiagnosed in the US
 - Prevalence 1/200
- Females > males
- Affects 5-10% of first degree relatives
 - Should consider screening



Pathogenesis







Symptoms

- Diarrhea (commonest)
 - ~20-50% fulfill Rome criteria for IBS
- Dyspepsia
- Abdominal pain, bloating
- Unexplained iron deficiency anemia
- Unexplained LFT elevation
- Infertility
- Skin disorders
 - Dermatitis Herpetiformis
- Neuropathy
- Multisystemic!







What Tests Should I Order?

- Anti-tissue transglutaminase antibody, TTG IgA, is preferred
 - Sensitivity/specificity >95%
- Check total IgA levels
 - ~2-3% are deficient → IgG based testing
 - TTG and/or deamidated gliadin peptides (DGPs)
- Anti-gliadin antibodies (AGA) are less specific
- If equivocal, genetic testing (HLA DQ2/DQ8), is useful to rule out CD





When to Refer?

 If positive serology or high clinical suspicion → send to GI

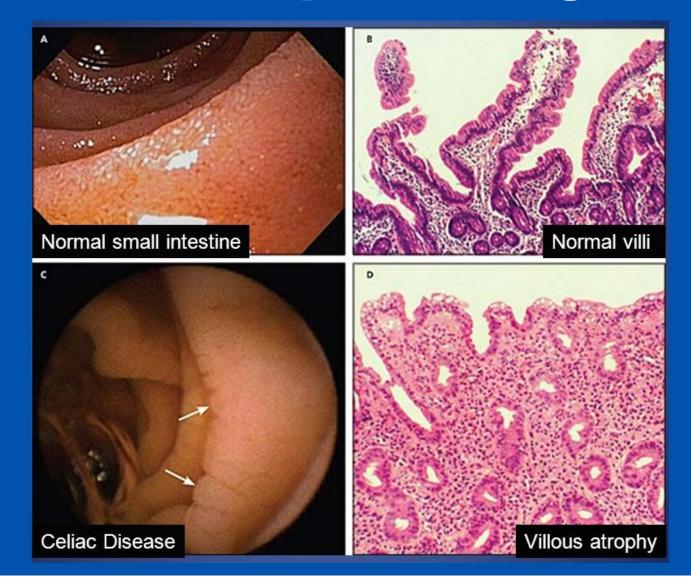
 Upper endoscopy with small bowel biopsies is gold standard!

Testing should be done on a gluten diet





Endoscopic Findings







Differential Diagnosis

- Autoimmune enteropathy
- Medication induced enteropathy
 - Olmesartan
- Whipples Disease
- Common variable immune deficiency
- Collagenous sprue
- Crohns disease
- Small intestinal bacterial overgrowth



Management

- Strict gluten-free diet for life
 - Avoid wheat, barley, rye
 - Avoid beer, ale (wine is ok!)
 - · ? oats
 - may be safe/tolerated



- Assessment of micronutrient deficiencies
 - Iron, folic acid, vitamin D, vitamin B12
- Consider referral to a dietician



Complications

- Malignancies
 - Small bowel adenocarcinoma
 - Esophageal cancer
 - B-cell and T-cell non-Hodgkin lymphoma
 - intestinal
- Low bone mineral density, fractures
- Infertility, spontaneous abortions, preterm deliveries
- Neurological dysfunction





Monitoring

Diagnosis of CD

Inadequate response

Expected response

Re-confirm diagnosis

GFD nonadherence → dietician Work up for non-responsive CD

Monitor (symptoms, complications)





Non-Responsive CD

- Affects 7-30%
- Persistent signs/symptoms despite 6-12 months of gluten avoidance
- Consider other causes of villous atrophy
- Consider other etiologies:
 - Food intolerances (lactose, fructose)
 - Small intestinal bacterial overgrowth
 - Microscopic colitis
 - Pancreatic insufficiency
 - IBD





Refractory CD

- Affects 1-2%
- Persistent or recurrent signs/symptoms of malabsorption with villous atrophy despite strict GFD for > 12 months
 - Absence of other disorders, including lymphoma
- Type 1: Lymphocytic infiltration of mucosa
- Type 2: Oligoclonal T-cell expansion within SB mucosa



Non-Celiac Gluten Sensitivity

- Negative serology, biopsies
- Features of malabsorption or nutrient deficiencies are unlikely
- Not at risk for long term complications
- Diet can be adjusted to symptoms



Summary

- Celiac disease (CD) is largely undiagnosed in the US
- Gluten free diet is the mainstay of treatment
- Be aware of nonresponsive, refractory CD and non-celiac gluten sensitivity



When in doubt, call us!





References

- Rubio-Tapia A et al. ACG Clinical Guidelines: Diagnosis and Management of Celiac Disease. Am J Gastroenterol. 2013:108-:656-676.
- Kabbani TA et al. Celiac disease or non-celiac gluten sensitivity? An approach to clinical differential diagnoisis. Am J Gastro 2014;109:741-746.
- Fasano A et al. Celiac Disease. N Engl J Med 2012;367:2419-2426.
- Green PHR et al. Celiac Disease. N Engl J Med 2007;357:1731-1743.
- www.celiac.org



