
بسم الله الرحمن الرحيم

CELIAC DISEASE

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I- CELIAC DISEASE….What Has Changed?

20th Century	21st Century
Gastroenterology Disease	Systematic Disease
Children Only	Any Age
Underweight	Might be Under / normal / overweight (30%)

General

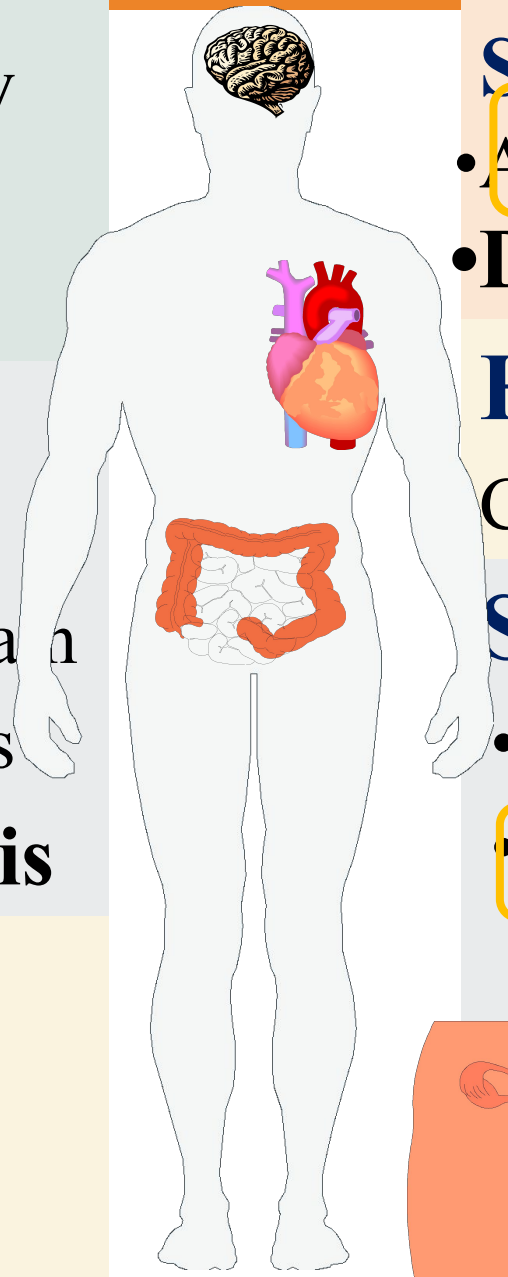
- Pubertal & Growth delay
- Malignancies
- **Anemia**

GI System

- Diarrhea, vomiting
- Distention, abdominal Pa n
- Malnutrition, weight loss
- **Hepatitis, Cholangitis**

Bones

- **Osteoporosis, fractures**
- Dental anomalies



Central Nervous System

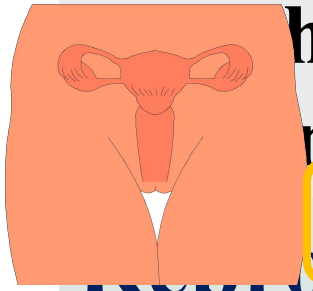
- Ataxia, seizures
- **Depression**

Heart

Carditis

Skin & Mucosa

- Skin & Mucosa
- Dermatitis herpetiformis



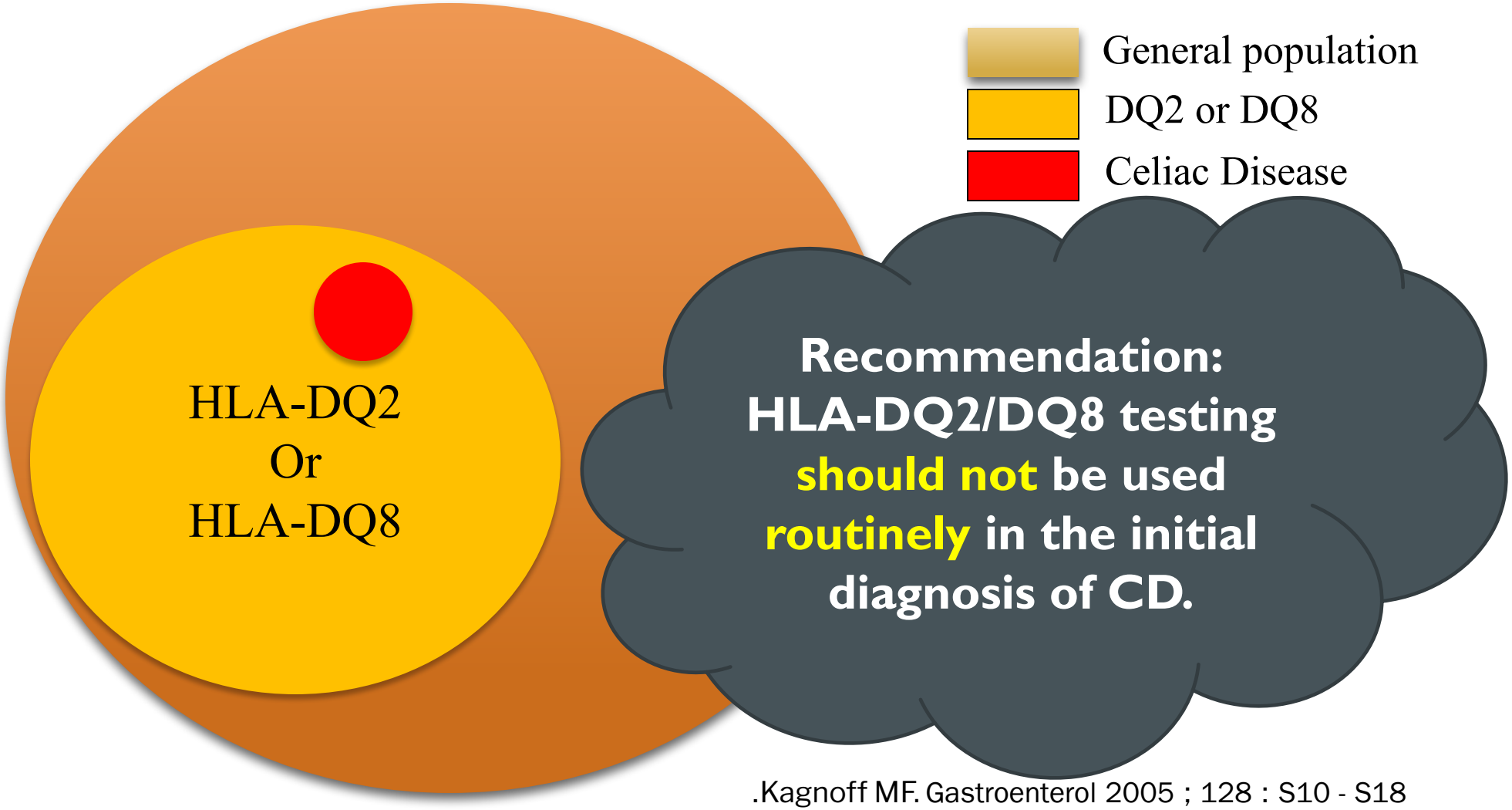
hthous

matitis

Reproductiv

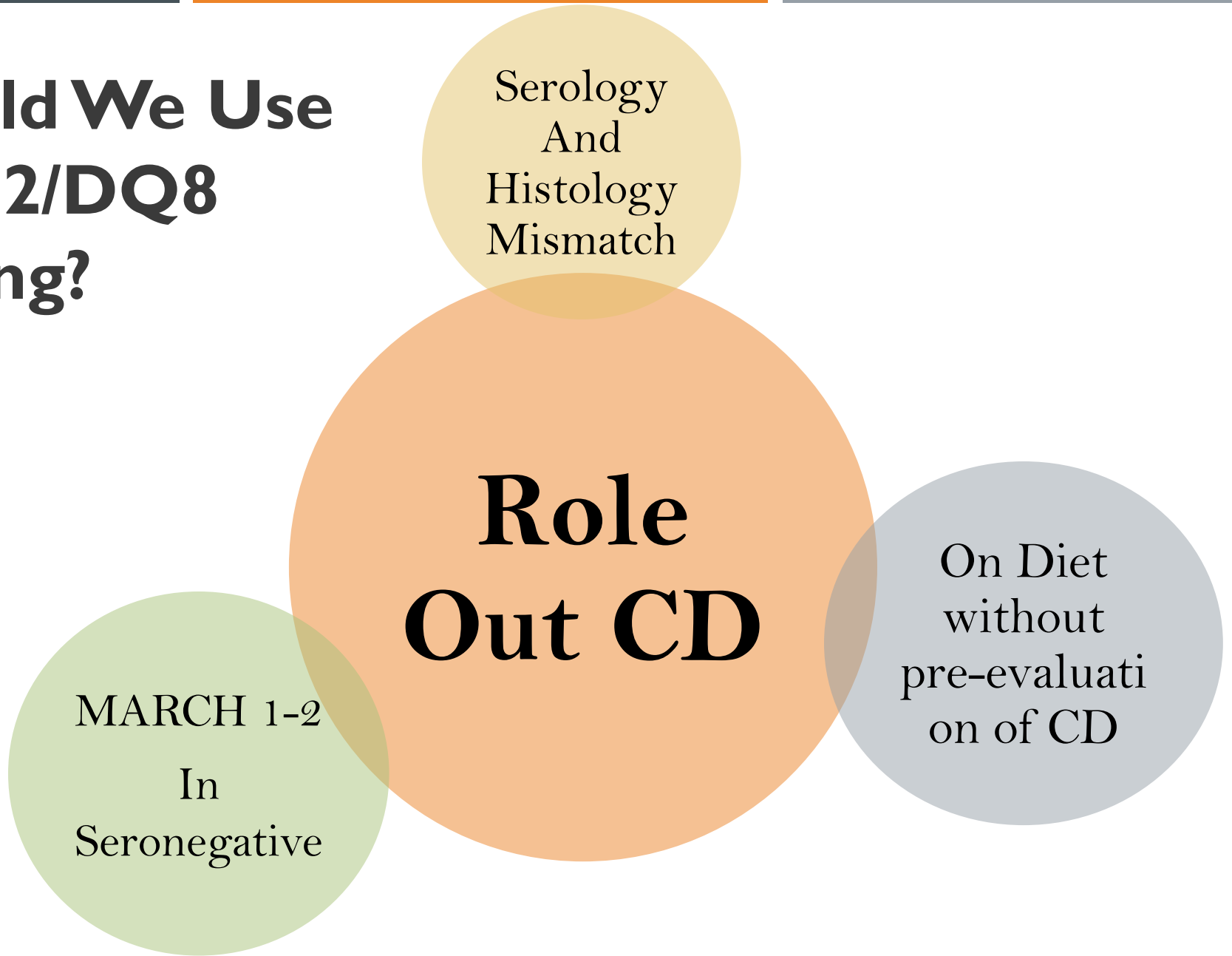
2- HLA POS. = Necessary CD?

Distribution Of DQ2 & DQ8



.Kagnoff MF. Gastroenterol 2005 ; 128 : S10 - S18

When Should We Use HLA-DQ2/DQ8 Testing?



3- What Is The Best Serological Test?

Specificity, % (range)	Sensitivity, % (range)		
90 (47–94)	85 (57–100)		
80 (50–94)	80 (42–100)		
99 (97–100)	95 (86–100)	IgA	Endomysium
[illegible]		IgG	
		IgA	Tissue transglutaminase
		IgG	
		IgA	Deamidated gliadin peptide
98 (95–100)	80 (70–95)	IgG	

AGA NOT recommended

First screening test
= Anti- TTG IgA
At any age

of 3%–2 CD

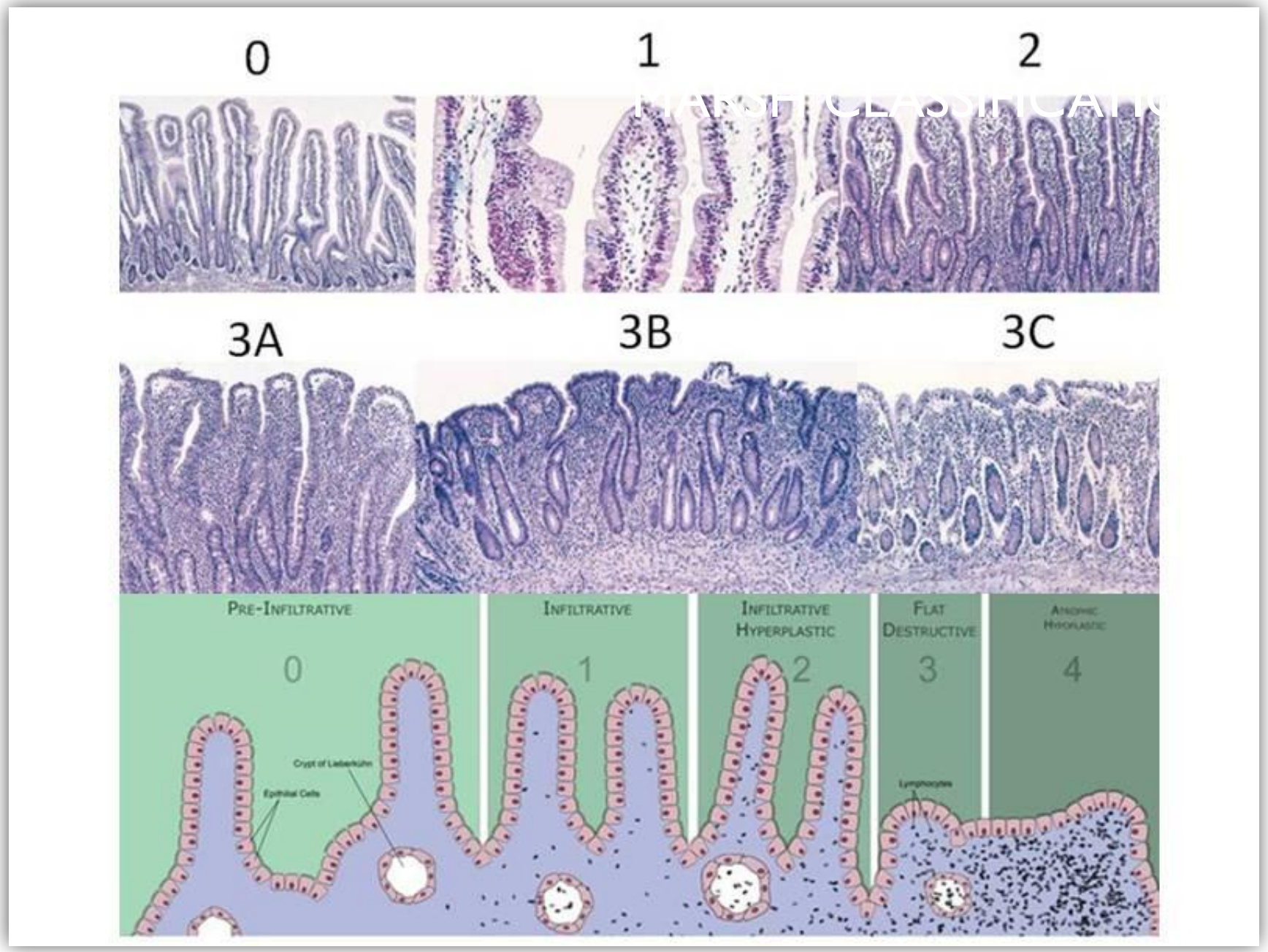
Ab –IgA

•Ab+Total IgA

IgA-deficiency

- IgG-DGP
- IgG-TG2

4- If Positive Histology Is This CD?
Marsh classification = CD?


0
1
2
3A
3B
3C
Pre-Infiltrative
0
Crypt of Lieberkühn
Epithelial Cells
Infiltrative
1
Infiltrative Hyperplastic
2
Flat Destructive
3
Lymphocytes
Atrophic Hypoplastic
4

Bacterial hOvergrowt

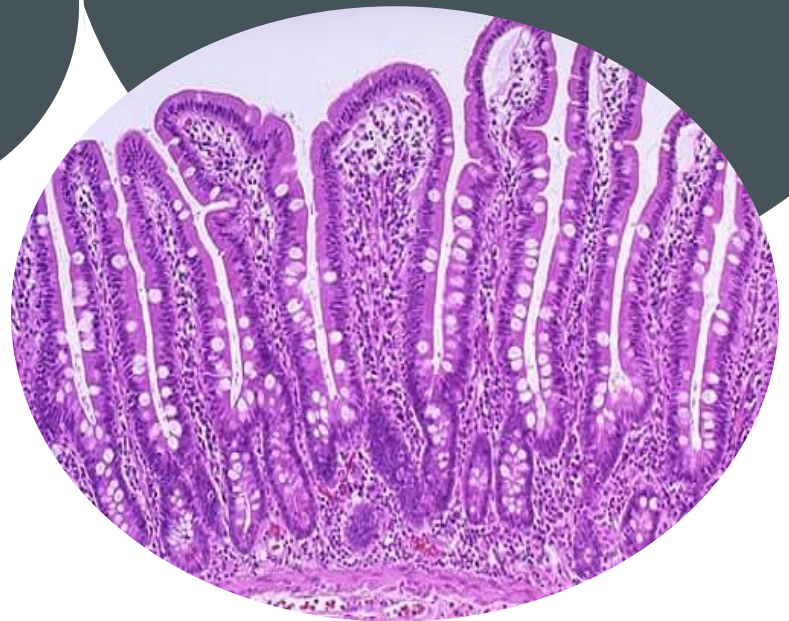
IBS

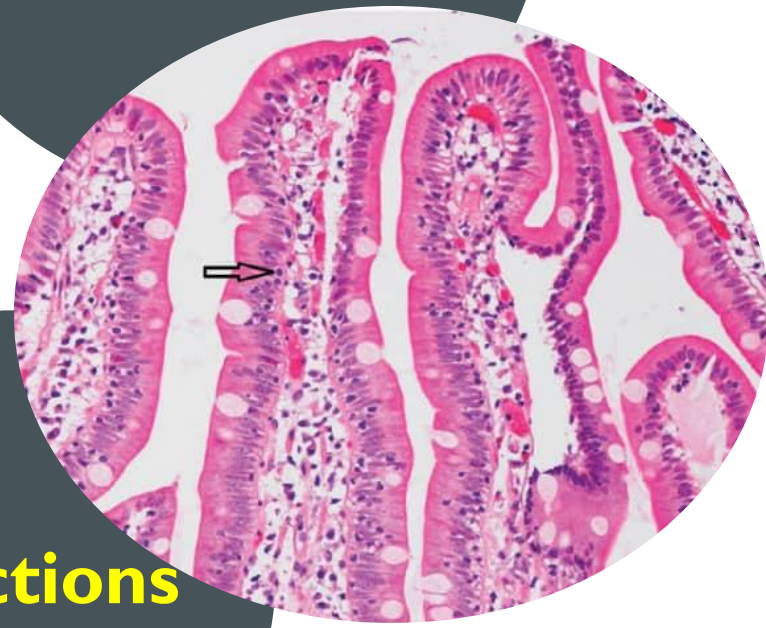
IBD

H.Pylori

Drugs (NSAIDs, PPI)

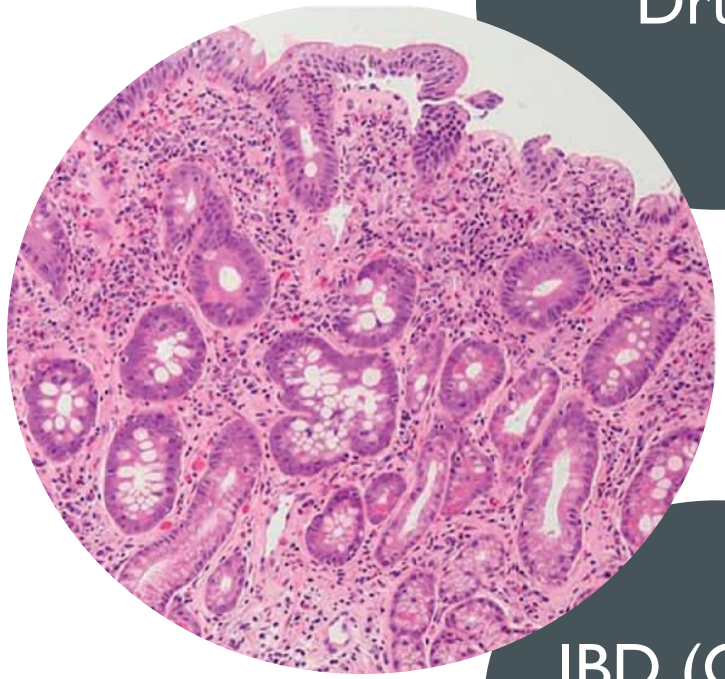
Normal Villous Architecture And Increased IELs





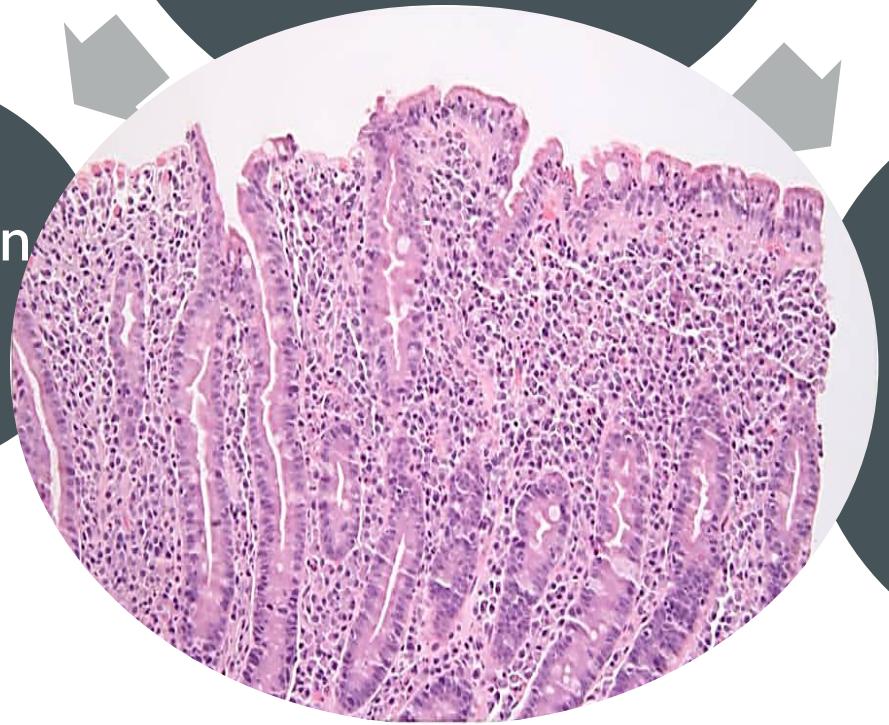
Infections

Drugs



IBD (Crohn disease)

Villous Atrophy +/- Increased IELs

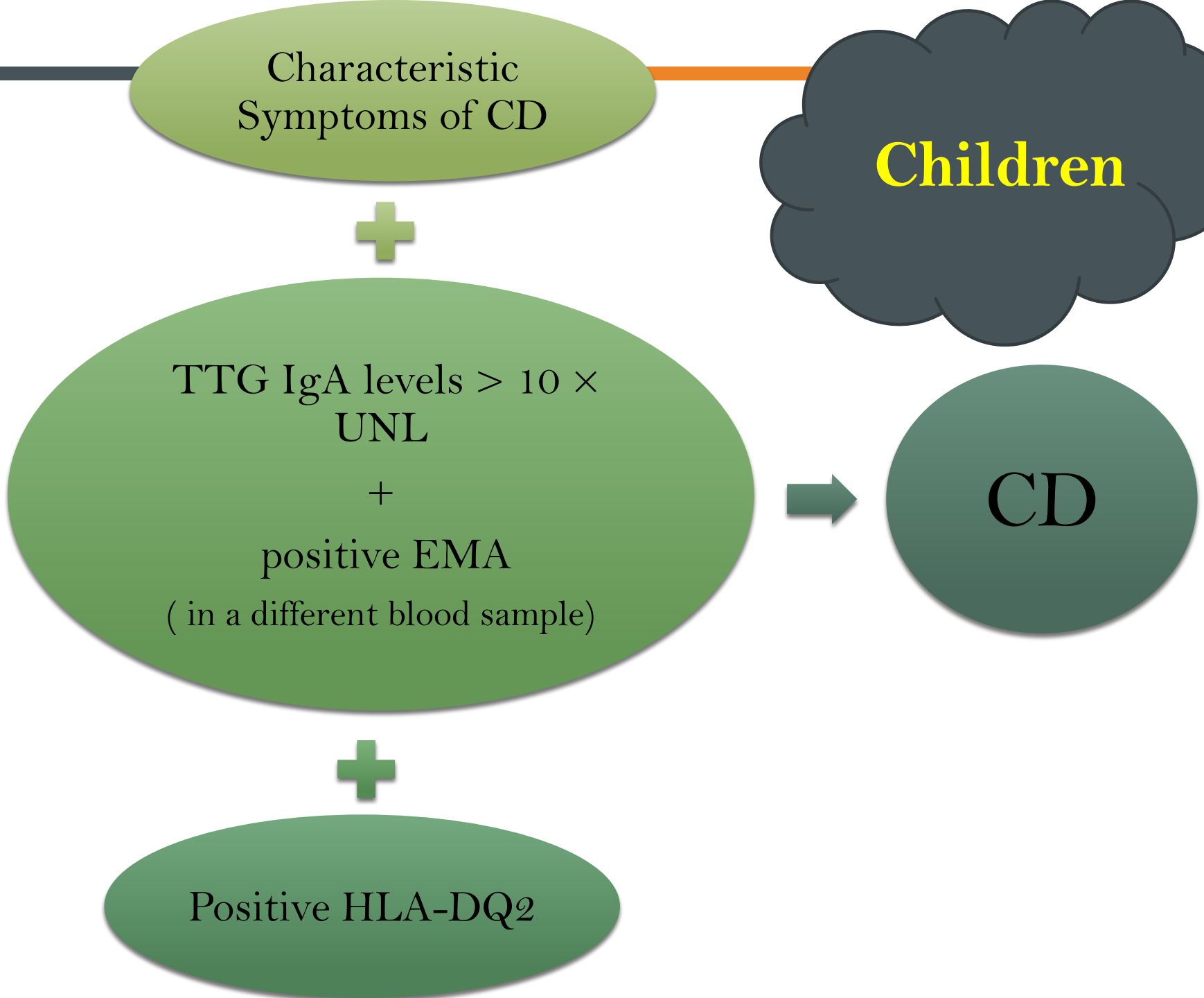


Infections

Bacterial overgrowth

Nutritional deficiency

5- Can We Confirm The Diagnosis Of CD Without Small Intestinal Endoscopic Biopsies?


Characteristic Symptoms of CD
Children
TTG IgA levels > 10 × UNL
+
positive EMA
(in a different blood sample)
CD
Positive HLA-DQ2

6- How Can We Diagnose Seronegative CD?

VA
Excluding other causes of VA

Negative Coeliac Serology

(IgA/IgG-EMA,IgA/IgG-TG2 ,IgG-DGP)

Presence of HLA-DQ2/or-DQ8

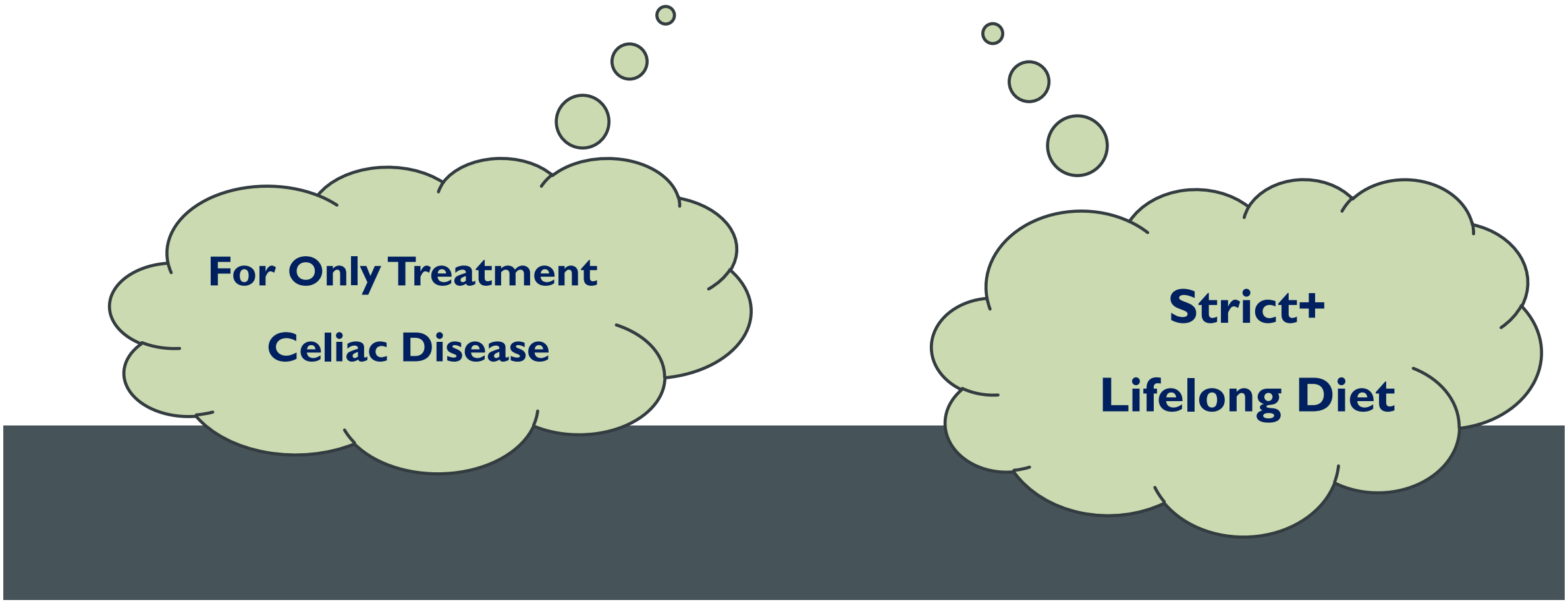
Response to a GFD

2%

SNCD

7- Why Do We Need A Gluten Free Diet?

GLUTEN-FREE DIET



Why Is GFD Important ?

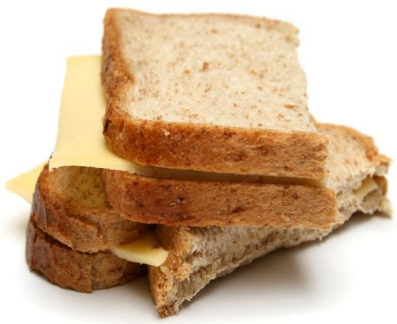
Only effective treatment.

Treat GI and extra GI symptoms and disorders.

Prevent complication

- Malignancies
- Ulcerative jejunoileitis
- Splenic atrophy

8- Where Is The Gluten Found?




TOMATO
KETCHUP

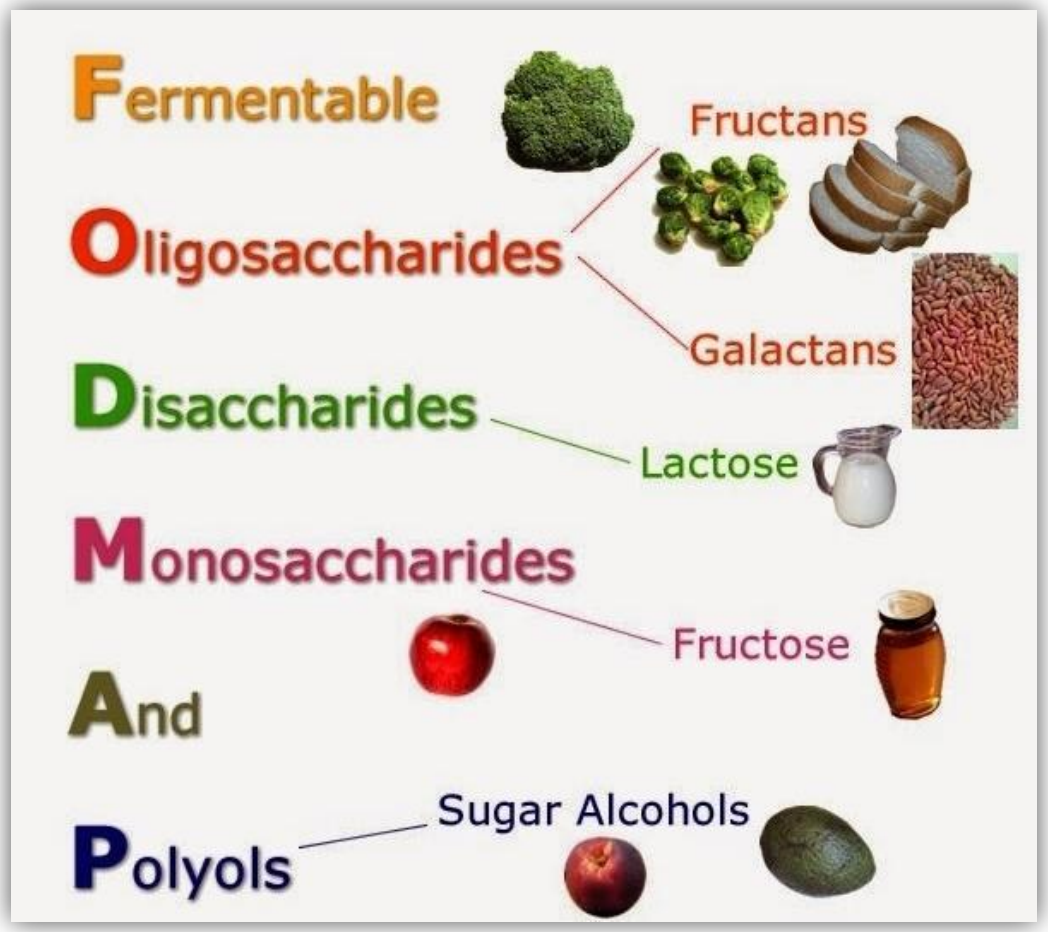
9- Does Improvement On GFD=CD?

Improve On GFD But Not CD

Non Celiac Gluten Sensitivity (NCGN)

IBS

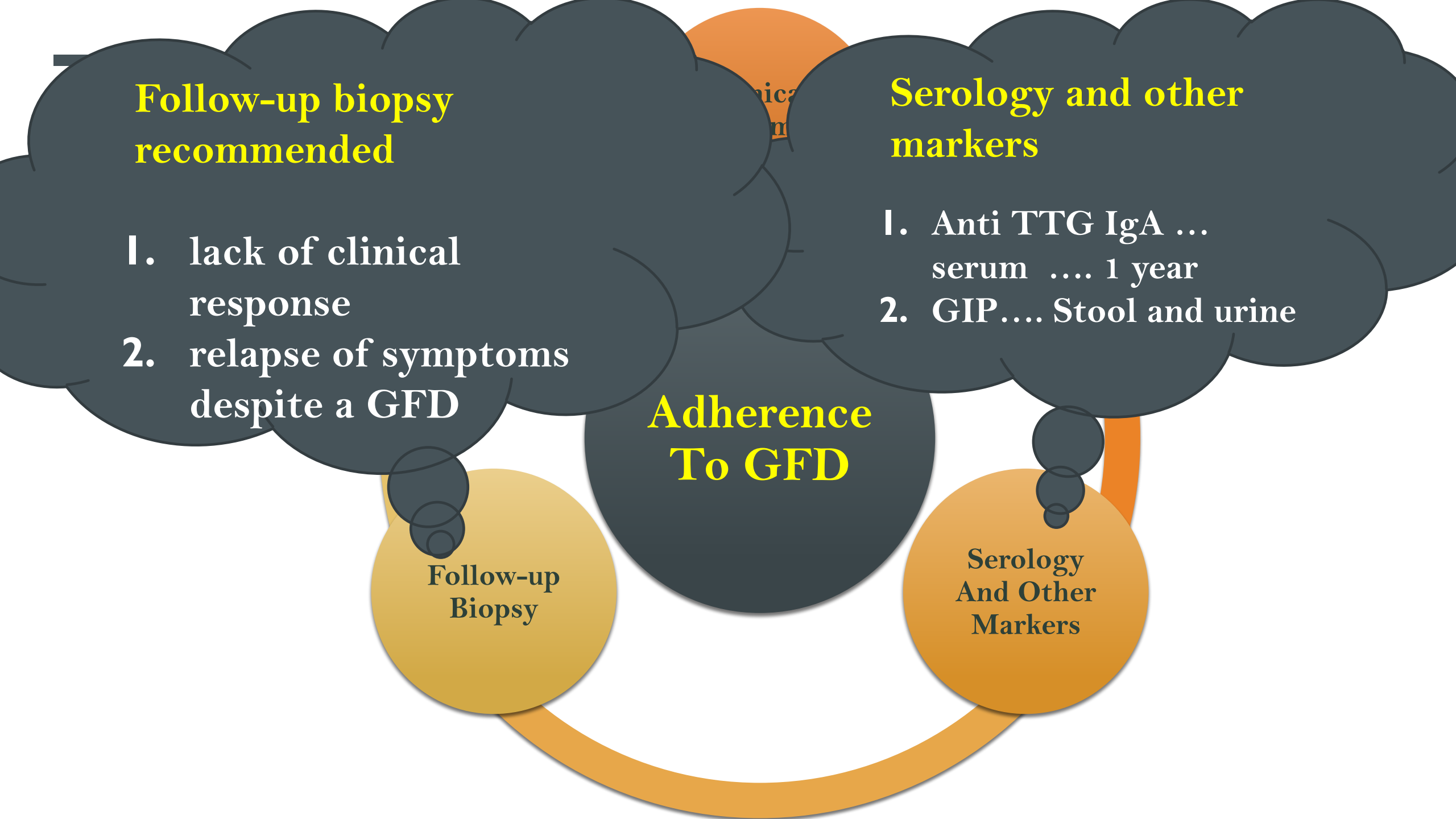
FODMAPS

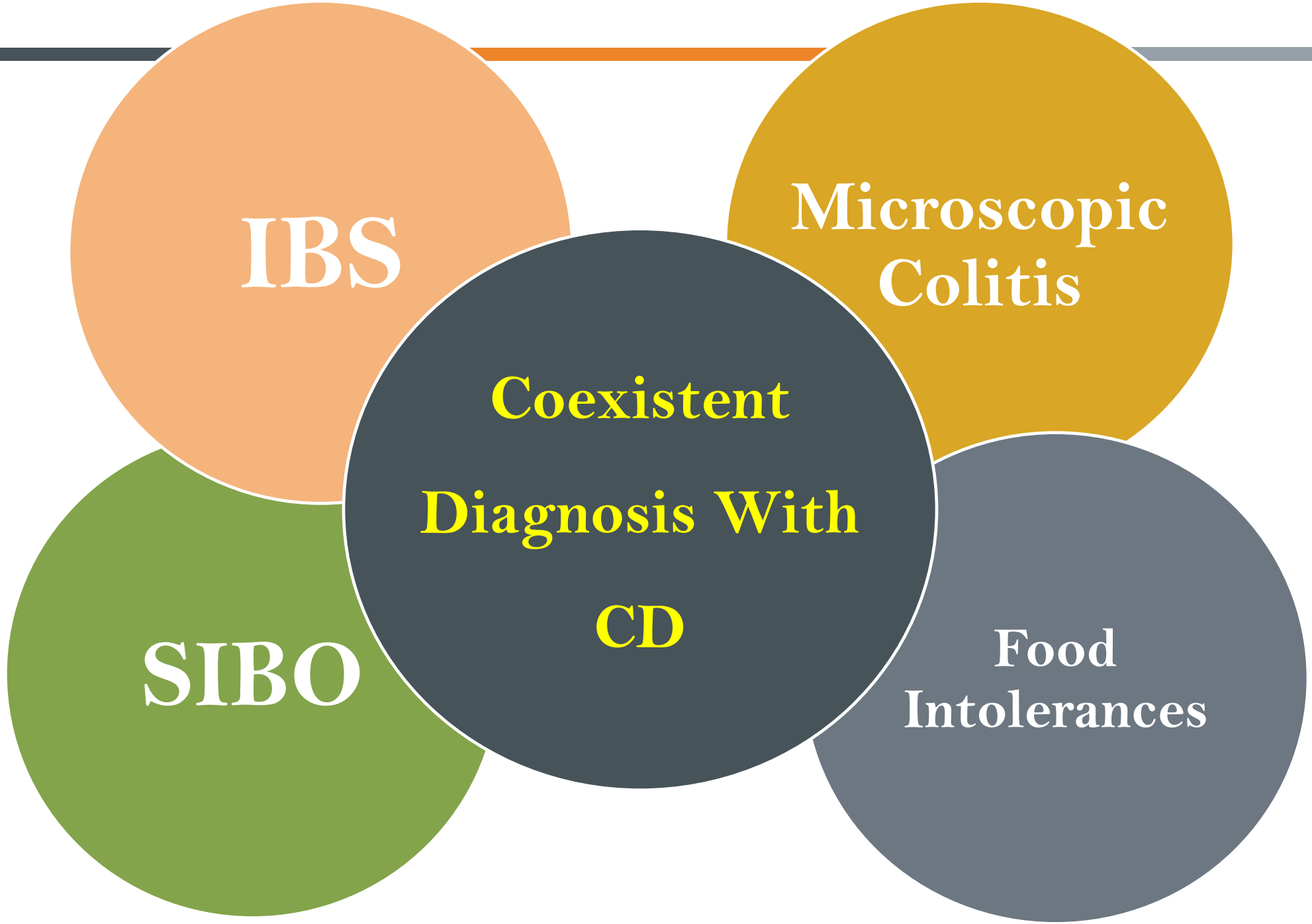


10- What If CD Patient on GFD is Not Improving ?

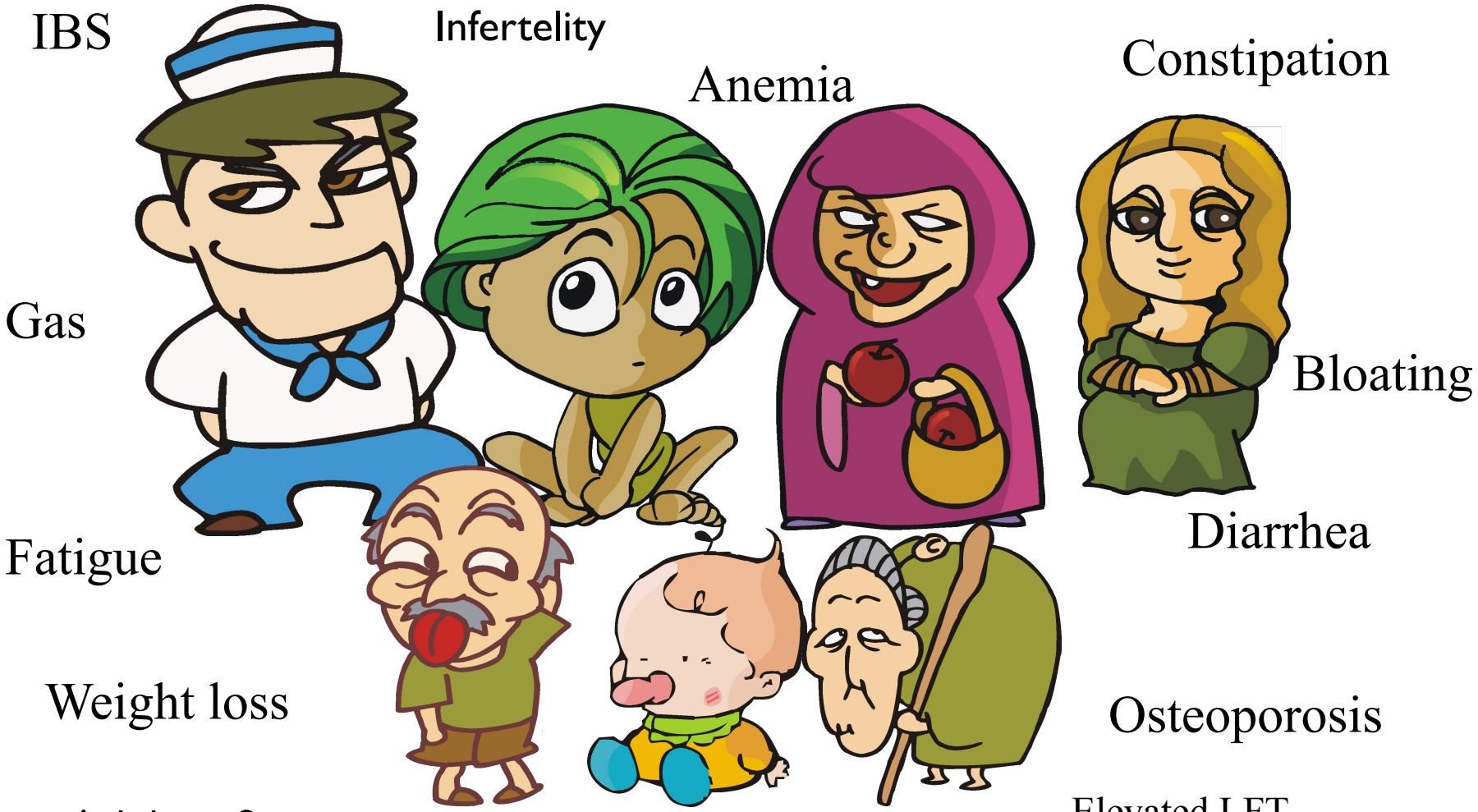
Causes of Non-response to GFD

- Non-adherent patient
- Gluten contamination
- Alternative diagnosis
- Coexistent diagnosis
- Refractory CD

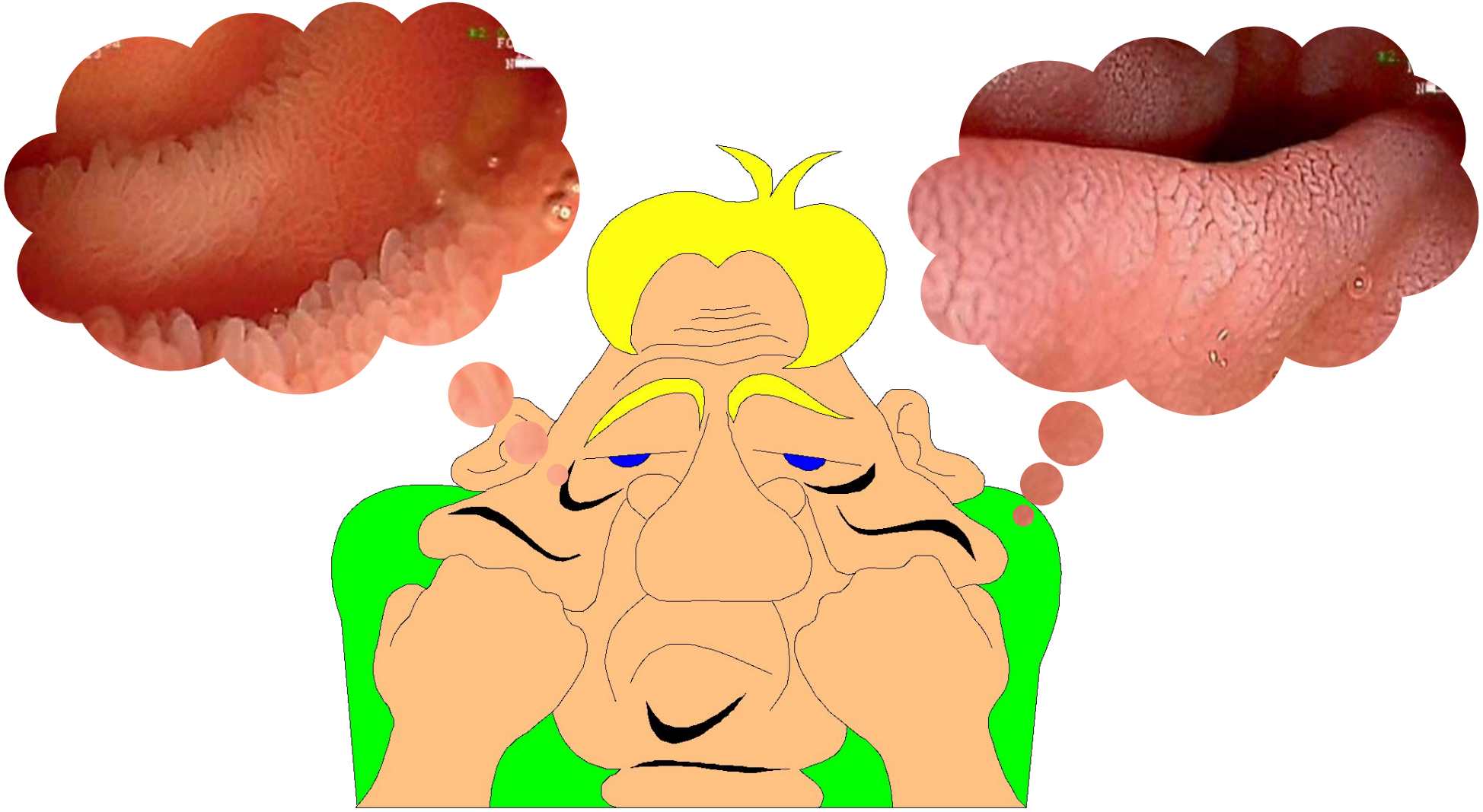

Follow-up biopsy recommended
1. lack of clinical response
2. relapse of symptoms despite a GFD
Serology and other markers
1. Anti TTG IgA … serum …. 1 year
2. GIP…. Stool and urine
Adherence To GFD
Follow-up Biopsy
Serology And Other Markers


IBS
Microscopic Colitis
Coexistent Diagnosis With CD
SIBO
Food Intolerances

The Many Faces Of Celiac Disease



"THINK OF CD AND YOU WILL FIND IT"



THANKS FOR LISTENING…