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# NEWSLETTER – NOVEMBER 25

## Focus on Coeliac Disease

Coeliac disease is a condition in which the body gets confused between a protein in cereals, called gliadin, and the lining of our own bowel and therefore, in what is called an auto-immune way, the lining of the bowel is attacked by the antibodies in our own blood stream. It happens in more than 1% of the population now and classically been known to present with poor growth, anaemia, diarrhoea, constipation, abdominal discomfort, bloating of the abdomen and nutritional deficits. However it is well recognised that there can be a much more subtle presentation, and sometimes with no symptoms at all.

Diagnosis may involve a family member with Coeliac disease or other auto-immune conditions such as thyroid disorders or diabetes, but not always.

Initially a blood test is done for antibodies but it is important to do a total background IgA antibody as well in case this is low and this would prevent the antibody test for Coeliac disease initially excluding this condition. It is important for a child to be taking gluten when these blood tests are done, otherwise it will not be recognised, but of course if the child is not taking gluten it wouldn’t be responsible for any symptoms. If the blood tests are not definite, then a genetic association blood test can be done, which is called HLA-DQ2 and HLA-DQ8. This is really helpful if both of these tests are negative, as this is excludes Coeliac disease to around a 99% certainty, but if one of them is positive (as happens in around 30% of the general population who don’t have Coeliac disease) they are not very helpful.

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The gold standard for diagnosing Coeliac disease is an endoscopy if the blood antibody tests are not greater than 10 x the upper limit of the standard normal. If they are greater than 10 x the upper limit of the standard normal then this makes the diagnosis without any further tests, if it is repeated and to be found raised on a second occasion.
https://paediatricgastroenterologist.co.uk/gut-investigations/upper-gi-endoscopy
The endoscopy would check for abnormalities when we take a tiny piece of lining of the bowel, called a biopsy.

Once Coeliac disease has been confirmed, other family members probably should be checked and female first degree relatives would have about a 1 in 8 chance and male first degree relatives about a 1 in 25 chance.

If gluten exclusion supervised by a dietitian initially is put in place all symptoms would improve, growth would catch up over the next 12-18 months to where a child should be (if the growth has been compromised) and it is standard practice to repeat blood tests after 6 months and then thereafter every year to ensure they have returned to normal and it can take 12-18 months for these blood tests to normalise. Thereafter an annual check up to look at growth and general health is important.

In untreated Coeliac disease, secondary lactose intolerance can be present and secondary enzyme problems from the pancreas can be present but these will resolve with gluten avoidance.

If you have any worries or any concerns about this, then please do contact us on 0207 390 8315 or at Profthomson@hcaconsultant.co.uk.
The Coeliac Society of the UK is a great resource (https://www.coeliac.org.uk).