

Clinic Didactic

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Celiac Disease

- Chronic inflammatory enteropathy
- Caused by immune rxn to gluten and gliadins (the proteins present in wheat & some grains)
- Early: chronic diarrhea, abd pain
- Late/classic presentation: malabsorption triad
 - 1. weight loss
 - 2. steatorrhea
 - 3. nutritional deficiencies

Dermatitis herpetiformis

bumps and blisters resemble herpes lesions, hence the name "herpetiformis," but are NOT caused by the herpes virus



What to order?

- TTG IgA should be ordered, while patient is still on gluten
- False negatives with IgA deficiency, gluten free diet, or mild dz.

What not to order?

- Don't order the newer, more superior serologic studies (deaminated gliadin peptides/DGPs) unless the TTG results are borderline.
- Don't order haplotyping. (Unless diagnosis is unclear, like when bx/serologies are equivocal or inconclusive. Celiac dz is a response to gliadins in persons genetically at risk, meaning they have HLA-DQ2 and HLA-DQ8.)
- Don't get repeat small bowel biopsy to show healing unless patients have atypical features at onset

Treatment



- Gluten free diet improves sx's in 2-3 weeks
- Histology improves more slowly, over years.
- Nonresponders should be assessed for gluten exposure, microscopic colitis, collagenous sprue, small bowel lymphoma/adenoca, and full diarrhea workup.



Case

45 year old male is evaluated for 2 mo hx 2-4 loose stool/day and abd cramping. He was diagnosed 1 y ago with Celiac. Until recently, his sx's responded to strict gluten free diet with resolution of weight loss, diarrhea, abd pain, and IDA. He has not had fever, melena, or BRBPR. No new meds or foods.

Physical: 37.6, 122/80, 76, 98% on room air.

NAD

No cervical LAD

RRR

CTAB

Abd NABS, soft, NTND, no organomegaly or masses palpated

No edema or rash

Most appropriate mgmt?

- A) CT abd/pelvis
- B) Careful dietary review
- C) Colonoscopy with biopsies
- D) EGD with small bowel biopsies

GET A HISTORY!

- S comes first in SOAP
- Avoid wheat, barley, rye, and oats at least for the first year due to cross-contamination with other cereal grains
- Even meds, lipstick and toothpaste can contain gluten
- Inadvertent gluten ingestion is common even when patients believe they are being compliant with a GF diet.