

COELIAC UPDATE

SANDHIA NAIK

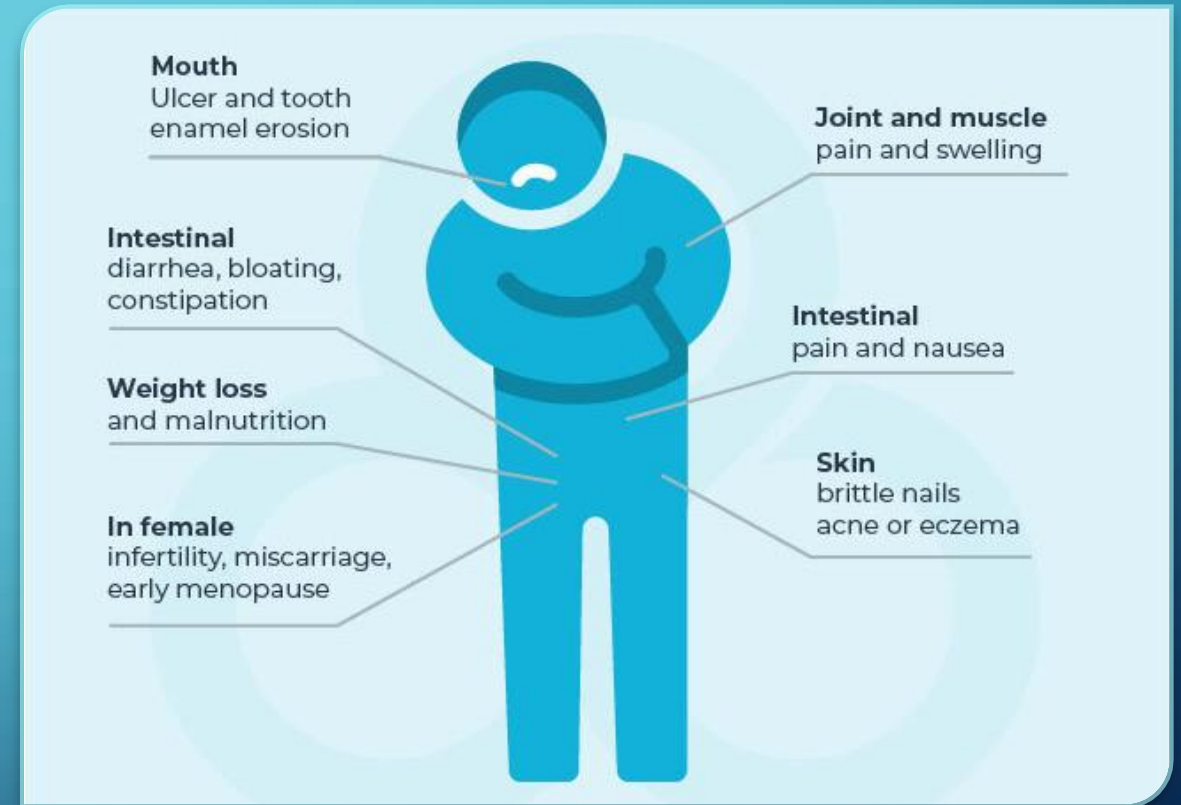
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SIGNS AND SYMPTOMS

- Changes over time
- Age of onset later
- More subtle
- Ethnicity



ENDOSCOPY

- Selected Cases Still required
- Low antibody Tissue Transglutaminase anti tTG-IgA
- IgA Deficient
- Type 1 Diabetics



HISTOLOGY

Marsh Criteria 1992

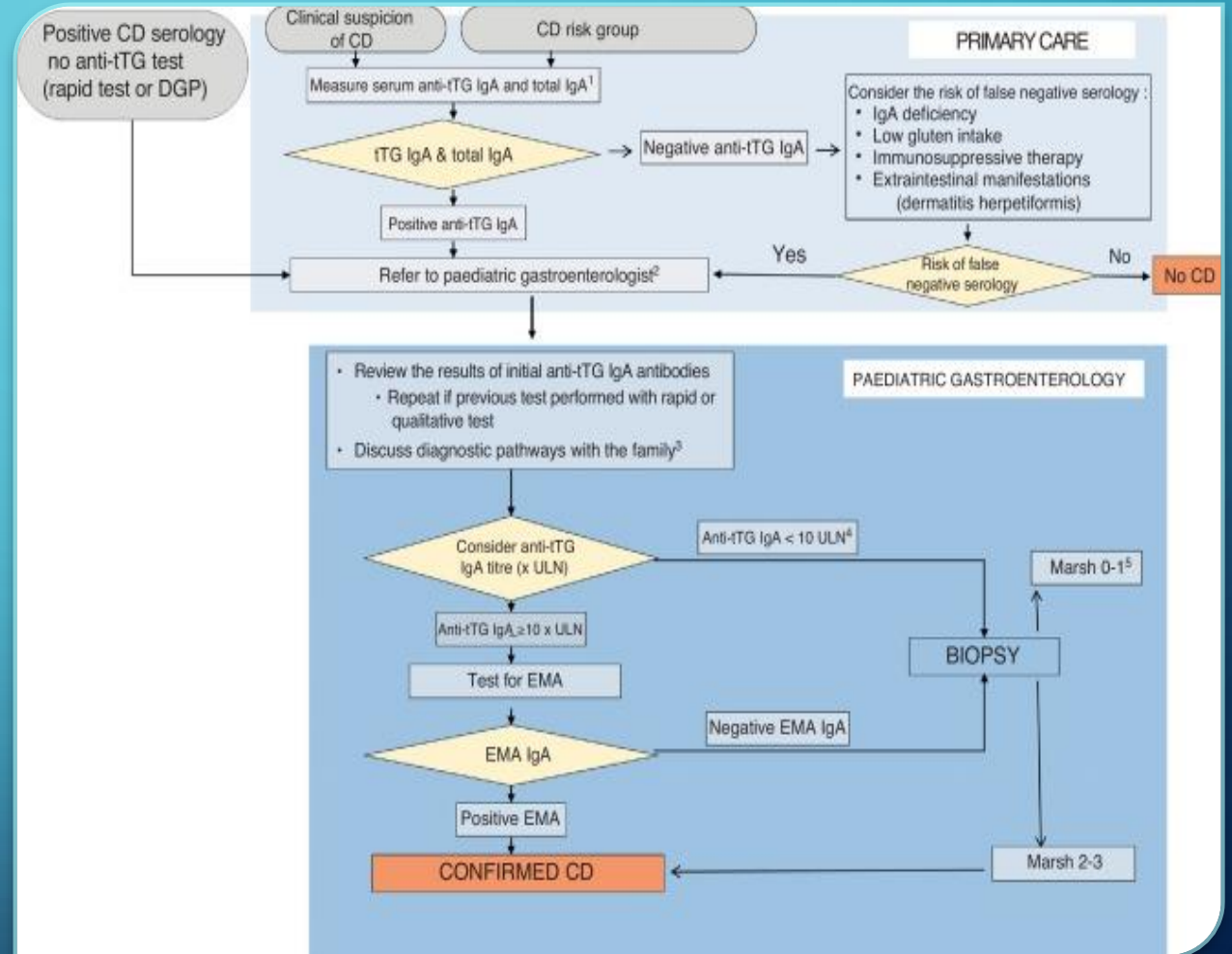
Triad- Villous blunting , excess
intraepithelial lymphocytes and
crypt hyperplasia



Type	Intraepithelial lymphocytes per 100 enterocytes	Crypts	Villi
0	< 40	Normal	Normal
1	> 40	Normal	Normal
2	> 40	Increased	Normal
3a	> 40	Increased	Mild atrophy
3b	> 40	Increased	Marked atrophy
3c	> 40	Increased	Absent

NON BIOPSY DIAGNOSIS

- Serology only
- No HLA typing
- Local Set up and Dietetics
- [http://www.espghan.org/knowledge-center/publications/Clinical-Advice-Guides/2020 New Guidelines for the Diagnosis of Paediatric Coeliac Disease](http://www.espghan.org/knowledge-center/publications/Clinical-Advice-Guides/2020%20New%20Guidelines%20for%20the%20Diagnosis%20of%20Paediatric%20Coeliac%20Disease)



AVOID DIAGNOSIS PITFALLS

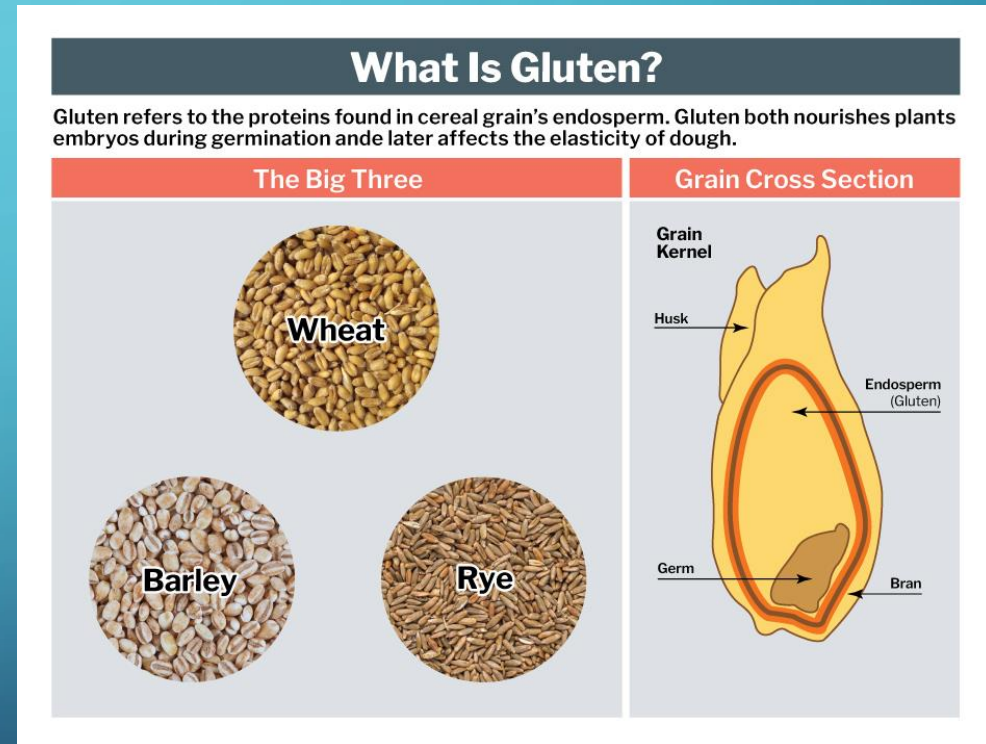
- IgA deficient
- Ensure on Gluten
- Adequate Gluten
- Symptomatic

- NB Always involve dietitian



ROLE OF GLUTEN CHALLENGE

- Equivocal cases
- HLA Typing
- Confirm lifelong diagnosis
- Coeliac v 'gluten intolerance'
- Products available on NHS





THANK YOU