

Coeliac Disease

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Abstract

Diagnosis and management of coeliac disease in the community.

Keywords: Definition of coeliac disease, diagnosis, differential diagnosis, investigations and management of coeliac disease.

Introduction

Coeliac disease remains an underdiagnosed condition in the general population. A recent study published on nature.com reveals a 75% under-diagnosis of coeliac disease. The aim of this paper is to make clinicians aware of signs and symptoms of coeliac disease, and to manage it effectively in primary care.

Definition:

Suspect a diagnosis of coeliac disease in a person with persistent and unexplained symptoms like acid reflux, diarrhea, steatorrhea, weight loss, abdominal pain, reduced appetite, bloating and constipation.

Associated symptoms:

Coeliac disease can manifest with various symptoms like:

- Irritable bowel syndrome:

Coeliac disease can be mixed with irritable bowel syndrome. If a patient has abdominal pain, bloating and change in bowel habits for at least 6 months then we class it as irritable bowel syndrome. However, blood tests including coeliac antibodies are normal in irritable bowel syndrome.

- Faltering Growth:

Coeliac disease presents initially as faltering growth, short stature and delay in puberty in children.

- Fatigue:

Coeliac disease can present as fatigue, tiredness and lack of energy.

- Mouth ulcers:

In a patient with persistent, unexplained and aphthous mouth ulcers, always consider coeliac disease.

- Anaemia:

Coeliac disease causes unexplained iron, B12 and folate deficiency leading to anaemia. Anaemia not responding to treatment, is a common feature in coeliac disease.

- Associated Autoimmune conditions:

Coeliac disease is associated with certain autoimmune conditions like:

- Type 1 diabetes
- Autoimmune thyroid disease like Hashimoto thyroiditis.
- Selective IGA deficiency
- Autoimmune liver disease like autoimmune hepatitis, primary biliary cholangitis and primary sclerosing cholangitis.
- A first degree relative with coeliac disease.

-Dermatitis Herpetiformis:

It is an autoimmune skin condition associated with coeliac disease. Symptoms include itchy, blistering skin lesions followed by erosion and hyperpigmentation. It mainly involves elbow, knees, shoulders, sacrum and face.

Other symptoms of Coeliac disease:

- Mental health issues like depression and anxiety.
- Osteoporosis, Osteomalacia and fragility fractures.
- Unexplained peripheral neuropathy or ataxia
- Miscarriage and infertility.
- Unexplained persistently raised ALT and AST in Liver function test
- Dental Enamel defect: It is more Prominent before Age 7.
- Hyposplenism

Diagnosis

Diagnosis includes:

- Examination:

- Check height, weight and BMI.
- Look for signs of dermatitis herpetiformis.
- Look for abdominal pain and distension.

Serology testing:

Ensure patient is on gluten diet (wheat, barley, rye) for minimum of 6 weeks, before test is performed.

Perform blood test for Tissue Transglutaminase antibodies IgA and antiendomysial antibodies IgA.

Retest a patient in a few weeks time if symptoms are persistent for coeliac disease, in a previous negative serology case.

Referral to Gastroenterology:

Arrange referral to gastroenterology for endoscopy and biopsy in order to confirm the diagnosis, after positive serology test for coeliac disease.

Biopsy changes: biopsy of small intestine in coeliac disease shows:

- 1- Intraepithelial lymphocytosis
- 2- Lamina propria Inflammation
- 3- Villous atrophy

Management

- Dietary Measures:

- Advise patient to adhere to Gluten free diet. Gluten containing food like wheat, barley and rye should be avoided. It also includes food based on wheat such as breakfast cereals, bread, flour, pasta, cakes, pastries and biscuits.
- Foods that can be cross-contaminated with gluten during processing like oats should be avoided.
- Advice on the importance of reading food labels in supermarket to avoid gluten containing meals.
- Advice on alternative sources of starch like corn, rice and potato which can be used.
- Referral to a dietician should be made to educate patient about gluten free food .
- At least annual review of patient with coeliac disease should be made.

References

- 1- NICE CKS UK.
<https://cks.nice.org.uk/topics/coeliac-disease/diagnosis/diagnosis/>
- 2- Patient.co.uk
<https://patient.info/digestive-health/coeliac-disease-leaflet>
- 3- NHS UK
<https://www.nhs.uk/conditions/coeliac-disease/>