CELIAC DISEASE, 2008

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PREVALENCE OF CELIAC DISEASE

- Common, affects ~1% of the population
- Evidence from serologic screening studies

UK adults (Gut, 2003)	1/100	
UK children (BMJ, 2004)	1/100	
Finland children (NEJM, 2003)	1/99	
Turkey children (J Clin Gastroenterol, 2005)	1/115	
Turkey adults (J Clin Gastroenterol, 2005)	1/99	
North Africa children (Lancet, 1999)	1/18	
USA adults & children (Arch Int Med, 2003)	1/133	

DIAGNOSIS OF CELIAC DISEASE

- Presence of consistent pathology and response to a gluten-free diet
- Serology and HLA supportive
- Celiac disease is a provisional diagnosis
- · Classically a diarrheal illness of childhood

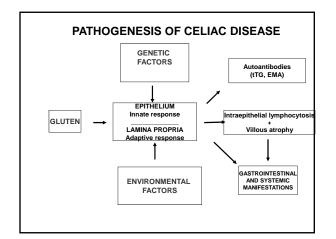


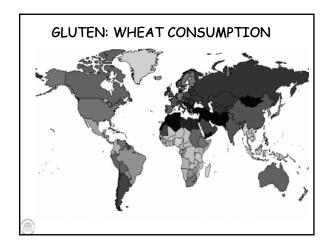
MORBIDITY & MORTALITY IN CELIAC DISEASE

- Morbidity classical presentation,
 - silent CD-anemia, bone
 - chronic liver disease
- Mortality increased 1.9-3.8 X
 - due to malignancy (lymphoma) in adults
 - childhood diagnosis associated with increased mortality in adulthood (accidents, suicide)

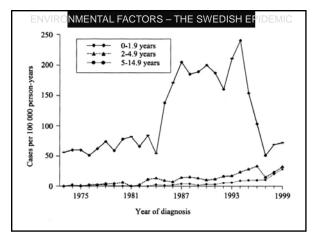
WHY IS CELIAC DISEASE UNDERDIAGNOSED?

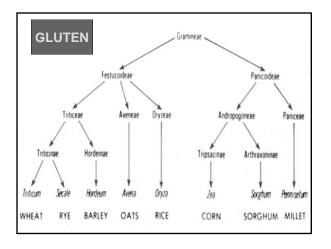
- Rate of diagnosis is low, varies country to country
- Finland 70%, Australia, Ireland, Italy 30%
- USA <5%
- WHY
- Shift to silent form (due to breast feeding?)
- Failure of physician recognition
- · Lack of pharmaceutical industry involvement
 - Medical research
 - Medical education

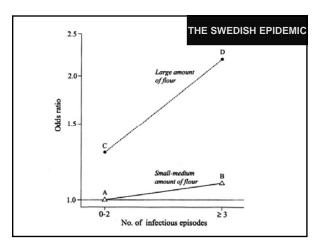


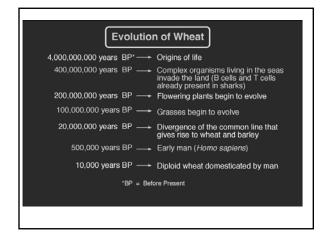


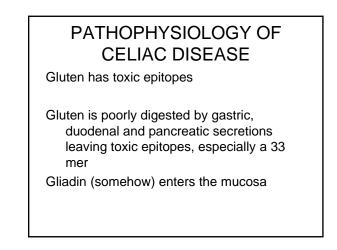
GENETIC FACTORS • GENETICALLY DETERMINED Runs in families (10%) Twin occurrence rates (70%) • What genes HLA DQ2 92% DQ8 8% These HLA genes are necessary HLA accounts for <50% genetic influence Other genes ?multiple

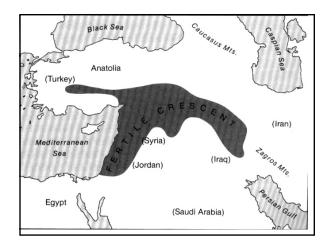


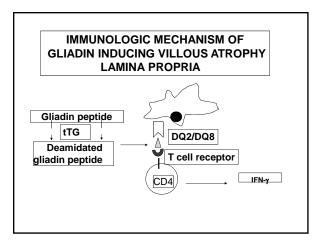


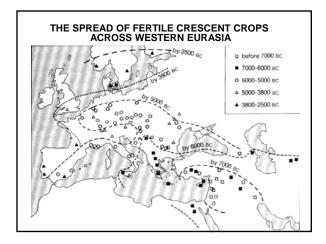


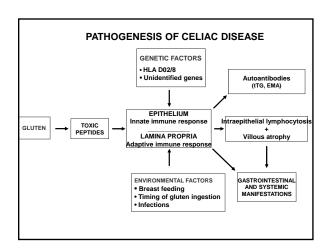


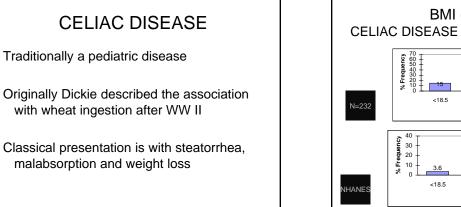


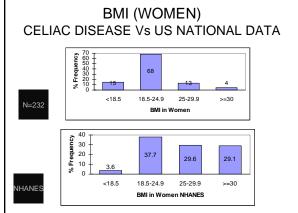


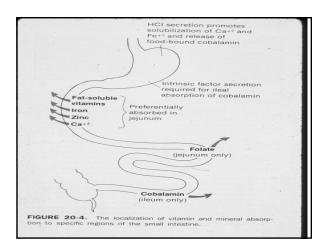


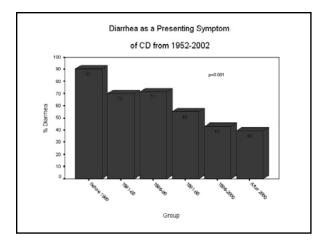












CLINICAL PRESENTATION OF CELIAC DISEASE

• CLASSICAL	diarrhea predominant +/- malabsorption may be severe
• SILENT	atypical complications associated diseases asymptomatic

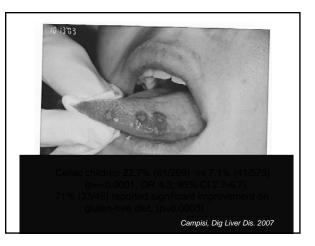
SILENT CELIAC DISEASE NON-DIARRHEAL PRESENTATIONS Incidental at endoscopy Iron deficiency anemia Osteoporosis Screening 1. relatives 2. other groups (TI DM, Down syndrome, PBC) NOT ALL ARE ASYMPTOMATIC Others - neurological presentations





LESS COMMON PRESENTATIONS OF SILENT CELIAC DISEASE

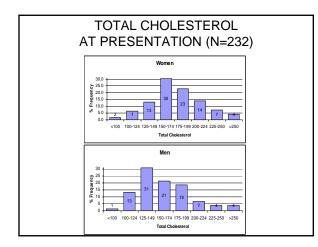
Oral presentations
 Dental enamel defects
 Apthous ulceration



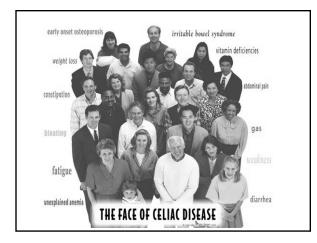


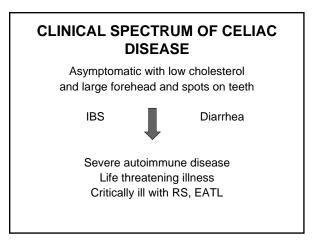
PRESENTATIONS OF SILENT CELIAC DISEASE

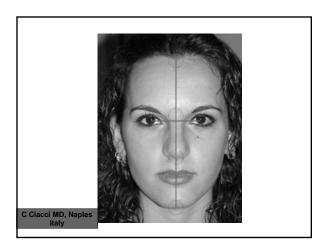
BLOOD TEST ABNORMALITIES Abnormal LFTs, low ferritin Hypocholesterolemia, Hyperamylasemia Hypoalbuminemia Hyposplenism Elevated ESR, prolonged PT, vitamin deficiency Hypocalcemia, secondary hyperparathyroidism



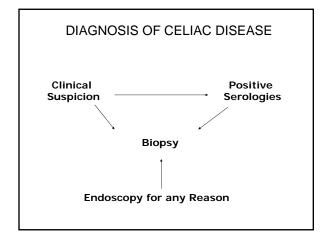


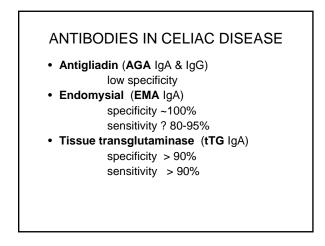


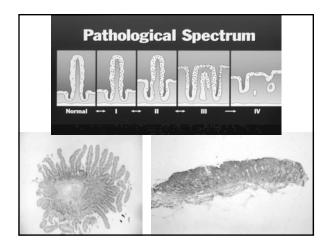


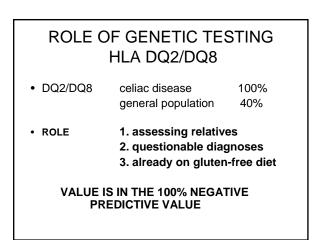


WHAT IS RESPONSIBLE FOR THE VARIED CLINICAL SPECTRUM IN CELIAC DISEASE?









ROLE OF SEROLOGICAL TESTING IN CELIAC DISEASE

- Triage patients for biopsy
- Monitoring adherence to diet
- Screening high risk groups

CELIAC DISEASE A PATHOLOGIC DIAGNOSIS

- 1. PATHOLOGY NOT SPECIFIC
- 2. NEED RESPONSE TO A GLUTEN-FREE DIET
- 3. SEROLOGIC TESTS ARE VALUABLE BUT NOT ESSENTIAL
- 4. HLA MAY BE SUPPORTIVE

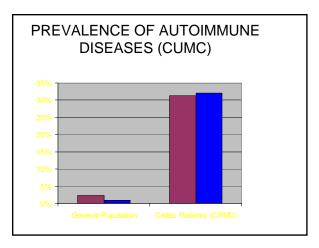
AUTO-IMMUNE DISEASES LIVER DISEASE MALIGNANCIES REDUCED BONE DENSITY INFERTILITY NEUROLOGICAL DISEASES CARDIOMYOPATHY

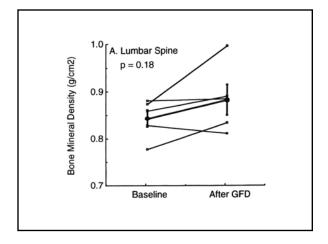
AUTOIMMUNE DISEASES

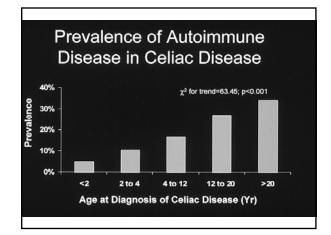
IDDM, Sjogren's syndrome Liver disease (PBC, CAH,) Thyroid disease Neurologic (neuropathy, epilepsy, ataxia) IgA nephropathy, Macroamylasemia Cardiomyopathy, Addison's disease Alopecia, viteligo Chronic autoimmune urticaria

MECANISM OF BONE DISEASE

- · Malabsorption of calcium and vitamin D
- Secondary hyperparathyroidism
- · Failure to obtain maximum bone density
- Magnesium deficiency
- Circulating cytokines
- Auto-immune
- Premature menopause
- Reduced gonadal function in men
- Primary hyperparathyroidism







BURDEN OF DISEASE IN CELIAC DISEAE

 Autoimmune diseases 	
10X the general population	
 Malignancy 	
small intestinal carcinoma	33X
esophageal carcinoma	11.6X
non-Hodgkin's lymphoma	9.1X
melanoma	5X
Green, Am J Med. 2	2003;115:191.
Papillary thyroid cancer	23X

Desserts	
Baked cheesecake with raspberry coulis	€6.00
Chocolate truffle cake	€6.00
Mixed berry crumble	€6.00
Skelligs handmade Irish chocolates	€4.0
There is no service charge, except on partie service will appli	nere 12.5%
*suitable for coeli	
Suitable for coeff	

MANAGEMENT

GLUTEN-FREE DIET

Sources Local support groups National support groups

Dietitian

Internet Pitfalls

S restaurant foods, preprepared foods, fast foods, communion wafers, medications

DON'T ABANDON THE PATIENT!

FUTURE

• More diagnosed

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- Greater awareness
- Increased services
- NON-DIETARY THERAPIES
 permeability blocker
 enzymes
 DQ2 blockers
 tTG blockers

duice de leche	\otimes
dulce de leche granizado	
dulce de leche con nuez	
dulce de leche munchis	\otimes
duice de leche marmolado	
super duice de leche	
sambayón	\otimes
sambayon con almendras	