

Establishment the Diagnosis of Celiac Disease

Sir,

We have read the case report of Majid *et al.*, published in your Journal with great interest.¹ Although it is a well described report, we think that several points need to be clarified about the diagnosis of celiac disease.

Celiac disease is an auto-inflammatory condition that is characterised by a sensitivity of intestinal mucosa to gluten. The disease effects about 1% of the world population.² Despite being a disease of young, it may be subtle and may manifest in late decades of life. It has been reported even in a 85-year woman in literature.³ The spectrum of symptoms of celiac disease is very wide and includes, abdominal pain, bloating, chronic diarrhea, weight loss, symptoms of anemia (both iron deficiency and/or vitamin B12 deficiency), widespread skeletal pain (mainly due to vitamin D deficiency) and neuropathy (caused by vitamin B12 or thiamine deficiency). Other autoimmune conditions such as type 1 diabetes mellitus and autoimmune thyroid diseases may accompany celiac disease.⁴ The patient reported by Majid *et al.* had chronic diarrhea and weight loss along with iron deficiency anemia. Since the authors have stated that other laboratory tests were normal, we assume that vitamin B12, vitamin D, serum calcium and other electrolyte levels were also in normal range.

The American College of Gastroenterology (ACG) guidelines about celiac disease suggest that patients with chronic diarrhea with weight loss, steatorrhea, postprandial abdominal pain, and bloating, which are signs and symptoms of malabsorption, require further evaluation for celiac disease.⁵ Therefore, a stool testing for fat amount was indicated for the diagnosis. Moreover, according to the ACG guidelines, tissue transglutaminase antibody IgA and endoscopic duodenal biopsy were required as initial tests for celiac disease.⁵ Therefore, duodenal endoscopic biopsy should be one of the initial procedures in the diagnosis of celiac disease.

Intestinal appearance in upper endoscopy includes visible vascularity, nodularity, reduced folds, and mosaic pattern.⁶ It is reported that endoscopy was normal in the case.

In conclusion, since celiac disease is not a very rare condition and may occur in almost all decades of life, testing for the disease should not be delayed in patients with chronic diarrhea and weight loss.

CONFLICT OF INTEREST:

Author declared no conflict of interest.

AUTHOR'S CONTRIBUTION:

GA: Collected the literature data, wrote the manuscript and approved the final version of the article.

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AUTHOR'S REPLY:

Sir,

Through this letter, we wish to highlight a few questions that were raised by one of the readers.

Firstly, only the deranged laboratory parameters were mentioned in our case report. Secondly, difficult-to-flush, bulky and foul smelling stools are a couple of signs of steatorrhea, two of which were present in our patient.¹ A stool test for fat had already been requested while the patient was being worked up outside, and it was negative. And on account of difficult pre-procedure instructions, it was not repeated by us. Thirdly, this patient was not initially evaluated for celiac disease as she did not fall into the age bracket that is usually seen in patients having celiac disease. Additionally, due to the fact that fewer symptoms are seen in older children diagnosed with celiac disease, which was opposite of what was noted in our case.²

Our patient had diarrhea for the past two years, while her weight loss was evident since one year. She also had a slightly raised erythrocyte sedimentation rate (ESR) of 35mm/hr. Since we live in a tuberculosis endemic area, we proceeded with a CT scan chest, abdomen and pelvic (CAP) based upon the suspicion of abdominal tuberculosis, which showed thickening in the terminal ileum along with enlarged lymph nodes; and later on, we went for a invasive procedure, *i.e.* upper GI endoscopy. Additional images were not included on account of space issue, as the main purpose of this study was to highlight the infection caused by spirochetosis and not by celiac disease.

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