Abstract

Routine Screening for Celiac Disease Now Advocated in All High Risk Patients

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Prevalence of Celiac Disease: A Common Disease?

As a consequence of new highly sensitive and specific screening immunoassays for celiac disease (CD), its prevalence in asymptomatic apparently healthy American adults has been dramatically adjusted upwards over the last decade, from a low of 1 in 5000 (1991 Minnesota study) to a high of 1 in 111 adults (July 2000 U. of Maryland School of Medicine Celiac Disease Project); in certain regions of the world, the prevalence is even more alarming--1 in 85 (1999 Finland study), 1 in 75 (1999 Sardinian study) and 1 in 18 (1999 Italian study of Saharawi children). Equally disturbing, with the risk of certain small intestinal and esophageal cancers being so high in untreated celiac disease(31 to 100 fold increased risk of small intestinal T-cell lymphoma, 850% increased risk of esophageal carcinoma) in conjunction with the frequent observation that cancer is a common presenting illness in celiac disease, 10-25% of Americans and Canadians show evidence of gliadin sensitization.

Celiac's Presenting Symptoms: *Typical* presenting symptoms are now considered *atypical* (many celiacs today are chronically asymptomatic, over half are presenting as overweight or obese, and most have no abdominal symptoms at the time of diagnosis, e.g.)

What in the past were termed "typical" celiac symptoms (weight loss, failure to thrive, diarrhea, abdominal cramping, steatorrhea, flatulence, bloating, and iron deficiency anemia, e.g.) no longer apply today in the majority of biopsy-confirmed celiacs. *Today, the majority of celiac patients are presenting with*:

- **Malignancies, especially small intestinal T-cell lymphoma and esophageal carcinoma**
- **Auto-immune diseases, particularly insulin-dependent diabetes & autoimmune thyroid disease (hypo- & hyperthyroidism)**
- **Psychological depression, unresponsive to conventional anti-depressant Rx medications.**
- **Osteoporosis, unresponsive to conventional interventions.**
- **Short stature of unknown etiology.**
- **Abnormal liver enzyme elevations of unknown origin.**
- **Iron deficiency anemia and/or folic acid deficiency anemia.**
- **Infertility and pregnancies with poor outcomes (repeated miscarriages, premature birth, small birth weight, e.g.)**
- **Chronic neurological conditions of unknown cause (ataxia, peripheral neuropathy, cerebellar syndrome, epilepsy associated with personal history of migraines, hyperactivity, GI disturbances, and/or occipital lobe calcifications, e.g.).**
- **Down's syndrome**
- **Oral lesions (enamel defects, aphthous ulcers, e.g.)**

Finger-prick ELISA IgA anti-transglutaminase & routine screening of all high risk patients

Dr. Braly will give an overview of the above information, providing updated information on a new generation of celiac screening assays currently available, followed by a brief review of whom celiac authorities are now identifying as high risk patients in need of routine laboratory screening and monitoring for celiac disease.

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