

Publication of the Month

March 03/12: Key facts on the diagnosis of celiac disease

Key messages:

- *EmA and anti-tTG IgA are the best laboratory tests to predict CD in children, while DGP IgG tests may provide help in excluding CD.*
 - *Physicians are urged to follow the current guidelines for CD diagnosis to improve the quality of care.*
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Giersiepen K, Lelgemann M, Stuhldreher N, Ronfani L, Husby S, Koletzko S, Korponay-Szabo IR
Accuracy of diagnostic antibody tests for coeliac disease in children: Summary of an evidence report

J Pediatr Gastroenterol Nutr, 2012; 54: 229-241

Background:

This report aims to update the 2004 evidence report (AHRQ) on serological tests for celiac disease (CD) by the current literature and follows the question if biopsies can be omitted from the affected children. The meta-analysis evaluates the performance of the respective parameters in 16 articles reporting on diagnosing CD in children by serological and histological analysis.

Summary:

EmA and tTG IgA tests (especially those using recombinant antigens) are the best laboratory tests to predict CD. Overall, tTG IgA shows higher sensitivity while EMA gave slightly higher specificity. Therefore tTG IgA could work better as an initial CD detection test, while EmA may be useful as confirmatory test, as already proposed in the new ESPGHAN guidelines for the diagnosis of CD. DGP IgG tests may help in excluding CD. Rapid “point of care“ tests are inferior to tTG IgA/EmA and need experienced readers. No clear statement derived with regard to biopsy. However, it may be omitted in special cases.

Parakkal D, Du H, Semer R, Ehrenpreis ED, Guandalini S

Do gastroenterologists adhere to diagnostic and treatment guidelines for celiac disease?

J Clin Gastroenterol, 2012; 46: e12-e20

Background:

There are hints that clinicians might deviate from published guidelines on CD diagnosis leading to a reduced quality of care and additional burden on the health care system. This hypothesis was assessed by a survey comparing the responses of gastroenterologists and CD experts.

Summary:

The survey reveals controversies in the diagnosis and management of CD between experts and non-experts, especially for the endorsement of diagnostic methods during a gluten-free diet, the screening for CD in high-risk groups, and the screening for CD in atypical presentations. Education, promotion of existing guidelines, and further research on the root cause of the disagreement can improve the quality of care in the field of CD.

Comment:

These two studies underline the key facts on how to diagnose, to treat and to manage patients suffering from celiac disease to ensure a procedure with the highest success rate and lowest burden for patient, physician and health care system.

