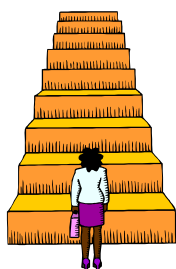


How Can I Find Out If I Have Celiac Disease?



The diagnosis of celiac disease is a three-step process, involving a blood test, endoscopic biopsy and a trial of the gluten-free diet. It is important to note that these steps must be followed in order, and that accurate test results can only be obtained if an individual remains on a gluten containing diet until it is found he or she has celiac disease.

Celiac disease is a genetically inherited autoimmune disorder. Because of this, celiac disease is more likely to be diagnosed in people who are related to an individual with celiac disease (a first degree relative) as well as in people who have an existing autoimmune disorder such as Type 1 Diabetes, Hashimoto's thyroiditis or lupus.

Other conditions such as dental enamel hypoplasia, osteoporosis, Down's Syndrome and infertility appear to be related to the malabsorption of nutrients that occurs as a result of celiac disease, indicating that the condition might be present in people with these disorders.

Step 1: The Blood Test

There is a particular series of blood tests called the "Celiac Panel." These tests measure your immune system's response to gluten in the food you eat. Your immune system produces several antibodies measured by these tests:

- Anti-gliadin IGA antibody
- Anti-gliadin IGG antibody
- Anti-endomysial antibody*

*The anti-endomysial antibody is highly specific to celiac disease, meaning that it is least likely to be positive or strongly positive unless celiac disease is present.

The tTG test, also known as tissue transglutaminase, is a blood test that is sometimes offered to people suspected of having celiac disease. While tTG test is very promising, it is still being researched and results should be compared with the celiac panel.

Some laboratories aren't familiar with the phrase "celiac panel" and know the tests only by the name of the antibody. The blood for this test is usually sent to one of only a few labs in the country that are best suited for conducting the test and interpreting the results. These laboratories include Prometheus Labs, Specialty Laboratories, and the Mayo Clinic.

It is important to know that the blood testing can only confirm that you do **not** have celiac disease. This is why the biopsy is necessary if your test results are positive. (In some cases, blood test results can be positive for reasons that are not related to celiac disease, but in many cases, blood test results can strongly indicate a likelihood that celiac disease is present, which warrants a biopsy.)

Depending on your situation, your physician may also want to order a blood test called the **Total IGA**. This test would determine if you are IGA deficient (about 3% of the population is IGA deficient, for numerous reasons), and if you are, the results of your celiac panel would be interpreted differently.

For more information,
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Celiac Disease

is a highly under-recognized condition in the United States, yet it affects an estimated 1 in 200 people. A widely treated condition in Europe, most physicians find that the symptoms experienced by American celiacs are far different than those of their European counterparts. This makes the process of diagnosing celiac disease more difficult for physicians in the US because symptoms are seemingly unrelated, such as fatigue, joint pain, anemia and stomach upset.

Step 2: The Endoscopic Biopsy

This procedure is always performed by a gastroenterologist, and is conducted most often in an outpatient surgical suite. The procedure lasts less than ½ an hour, and for adults, sedation and local anesthesia is used.

The procedure involves a long, thin tube with a small camera on the end. The physician will insert the tube into the patient's mouth, down the throat and into the esophagus. When the tube reaches the patient's stomach the physician finds the entryway into the small intestine (the duodenum) and inserts the tube there. As the tube is making its way to the small intestine, the camera on the end sends a video image to a monitor in the procedure room. On the monitor the physician can visually assess any gastritis, or other inflammation (such as acid reflux).

In the small intestine, the physician examines the entire length of the duodenum, the area affected by celiac disease. However, in many celiac patients, their duodenum--at the time of biopsy--appears normal. This is why the surgical removal of tissue is so important, for it is only under a microscope that a definitive diagnosis of celiac disease can be made.

At this point, the physician will insert a tiny surgical instrument through the tube. It reaches the small intestine, and working in concert with a surgical nurse, the physician will biopsy 5-6 areas of the small intestine. The biopsy is taken by grasping very small sections of tissue and slicing them gently away from the walls of the intestine. Multiple tissue samples are also vital to an accurate diagnosis—celiac disease can cause patchy lesions in the duodenum which can be missed if only one or two samples are taken. Results of the biopsy will confirm if a patient has celiac disease.

There are no nerve endings in the intestine, so this procedure does not cause pain in the gut. Afterwards, most patients experience a sore throat, and because of the sedation are not able to drive home on their own.

Step 3: Improvement of Symptoms on the Gluten-Free Diet

Once an individual has been confirmed, through a biopsy, to have celiac disease they are instructed to begin following the gluten-free diet. This can often be difficult, at first, because so many foods contain gluten in them. However, through support and guidance from experienced celiacs and their families, many newly diagnosed patients learn that the gluten-free diet requires some creativity and planning, but that great tasting food isn't out of reach.

After a time on the gluten-free diet, (usually six months) a newly diagnosed patient will often have repeat blood tests to determine that they are clinically responding well to the diet. At the same time, their physician will carefully monitor symptoms—as they begin to disappear! This is the final confirmation that an individual does indeed have celiac disease. Follow up with a gastroenterologist should occur on a yearly basis after this.