NUTRITION JOURNAL
UNOFFICIAL IMPACT FACTOR 2.02

Research

Open Access

Patterns of clinical presentation of adult coeliac disease in a rural setting

Sián Jones* [1], Charles D'Souza* [2] and Nadim Y Haboubi* [3]

1 Dietetics, Royal Gwent Hospital. Newport, Gwent, South Wales, UK
2 Specialist Registrar, Adult Medicine, Nevill Hall Hospital, Abergavenny, Gwent, South Wales, UK
3 Consultant Physician, Adult Medicine, Nevill Hall Hospital, Abergavenny, Gwent, South Wales, UK

author email corresponding author email * Contributed equally

Nutrition Journal 2006, 5:24 doi:10.1186/1475-2891-5-24

Published: 14 September 2006

Abstract

Background

In recent years there has been increasing recognition that the pattern of presentation of coeliac disease may be changing. The classic sprue syndrome with diarrhoea and weight loss may be less common than the more subtle presentations of coeliac disease such as an isolated iron deficiency anaemia. As a result, the diagnosis of this treatable condition is often delayed or missed. Recent serologic screening tests allow non-invasive screening to identify most patients with the disease and can be applied in patients with even subtle symptoms indicative of coeliac disease. Both benign and malignant complications of coeliac disease can be avoided by early diagnosis and a strict compliance with a gluten free diet.

Aim

The aim of this study is to evaluate the trends in clinical presentation of patients diagnosed with adult coeliac disease. In addition, we studied the biochemical and serological features and the prevalence of associated conditions in patients with adult coeliac disease.

Methods

This is an observational, retrospective, cross-sectional review of the medical notes of 32 adult patients attending the specialist coeliac clinic in a district general hospital.

Results

Anaemia was the most common mode of presentation accounting for 66% of patients. Less than half of the patients had any of the classical symptoms of coeliac disease and 25% had none of the classical symptoms at presentation. Anti-gliadin antibodies, anti-endomysial antibody and anti-tissue transglutaminase showed 75%, 68% and 90% sensitivity respectively. In combination, serology results were 100% sensitive as screening tests for adult coeliac disease. Fifty nine percent patients had either osteoporosis or osteopenia. There were no malignant complications observed during the follow up of our patients.

Nutrition Journal
Volume 5

Viewing options:
- Abstract
- Full text
- PDF (285KB)

Associated material:
- Readers' comments
- Pre-publication history
- PubMed record

Related literature:
- Articles citing this article
  - on Google Scholar
  - on PubMed Central
- Other articles by authors
  - on Google Scholar
    - Jones S
    - D'Souza C
    - Haboubi NY
  - on PubMed
    - Jones S
    - D'Souza C
    - Haboubi NY
- Related articles/pages
  - on Google
  - on Google Scholar
  - on PubMed

Tools:
- Download references
- Download XML
- Email to a friend
- Order reprints
- Post a comment
- Sign up for article alerts

Post to:
- Citeulike
- Connotea
- Del.icio.us
- Digg
- Facebook

Conclusion

Most adults with coeliac disease have a sub clinical form of the disease and iron deficiency anaemia may be its sole presenting symptom. Only a minority of adult coeliac disease patients present with classical mal-absorption symptoms of diarrhoea and weight loss. Patients with atypical form of disease often present initially to hospital specialists other than a gastro-enterologist. An awareness of the broad spectrum of presentations of adult coeliac disease, among doctors both in primary care and by the various hospital specialists in secondary care, is necessary to avoid delays in diagnosis. It is important to include serological screening tests for coeliac disease systematically in the evaluation of adult patients with unexplained iron deficiency anaemia or unexplained gastro-intestinal symptoms and in those who are considered to be at increased risk for coeliac disease.