

LETTER TO EDITOR (VIEWERS' CHOICE)

ATYPICAL PRESENTATION OF CELIAC DISEASE

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A 5 year old male child presented with recurrent severe abdomen pain predominantly in periumbilical region lasting for few minutes to hours sometimes associated with vomiting and constipation for last three years. His previous medical records showed a normal blood count, stool examination suggestive of giardiasis for which he was adequately treated. Ultrasound abdomen showed mesenteric lymphadenopathy largest node measuring 13x10 mm. Several scans were done each depicting similar results. On the basis of this, patient was receiving anti-tubercular therapy (ATT) but symptoms did not abate. Patient was exclusively breast fed for six months after which diversified food was introduced. He belonged to a family of low socioeconomic status. On examination at our center, weight was 15 kg and height was 105 cm. Other systems were normal. He was further evaluated and hemogram, three consecutive morning stool samples serum electrolytes, renal and liver function test were normal, Mantoux test was negative. A serum IgA tissue transglutaminase level was done which was 145.59 units (normal < 20). Thyroid profile was normal T3-1.04 ng/ml, T4 -5.60 microgram /dl, TSH 1.83 IU/ml). Duodenal biopsy showed moderate/severe villous atrophy and increased intraepithelial lymphocytic infiltration suggestive of celiac disease. One month after starting the dietary treatment with a gluten-free diet, patient recovered from severe abdominal pain and constipation, with the passage of soft stools daily. ATT was stopped in view of sufficient evidence in favor of celiac disease.

Celiac disease, also known as gluten sensitive enteropathy is characterized by inflammation of the small intestinal mucosa that results from a genetically based immunologic intolerance to ingested gluten. The inflammation occurring in celiac disease classically produces a malabsorption syndrome with diarrhea, steatorrhea, loss of weight and failure to thrive. (1) The atypical modes of presentation include deficiencies of single micronutrients, non-specific gastrointestinal complaints such as bloating, abdominal pain, diarrhea, constipation, flatulence, secondary lactose intolerance and dyspepsia; and non-gastrointestinal complaints such as fatigue, depression, arthralgia, osteomalacia or osteoporosis and iron deficiency anemia. (2) In children, celiac disease can result in stunting of growth and intellectual development, epilepsy and dental abnormalities as single symptoms without the more classical malabsorptive symptoms of malnourished, pot bellied infants with steatorrhea. (3) A prospective study shows failure to thrive and refractory anemia as the most common presentations of celiac disease in children and adults respectively. (4) In another study, weight loss and constipation was correlated significantly with celiac disease and dyspepsia was the most common symptom. (5) Celiac disease may present with a wide spectrum of symptoms and signs.

It is well known now that celiac disease might account for several chronic health issues, so it is essential for health care professionals to have a high level of suspicion for its atypical presentations.

Authors Contribution

Both the authors were responsible for conceptual designing, acquisition of data and critical framing of the manuscript. The final version of submitted manuscript was approved by both the authors.

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