Coeliac Profile

sample type: BLOOD

Coeliac disease is defined as a genetic, immune mediated enteropathy of the small bowel that results in malabsorption. The disease is characterised by a sensitivity to the proteins found in wheat, and to a lesser extent, barley and rye. It is now considered the most common food intolerance world wide, affecting as many as 1% of the population.

Who Should be Tested for Coeliac Disease?

The clinical presentation of coeliac disease has many faces and, as a consequence, the disease is often misdiagnosed. In fact, the average time from disease to diagnosis is 11 years. Those afflicted may have classic gastrointestinal (GI) symptoms or may only exhibit extra-intestinal manifestations. Even in the absence of overt GI complaints, avoidance of gluten is imperative owing to the risk of lymphoma and other malignancies associated with coeliac disease. Practitioners should therefore consider routine screening for patients with the following clinical indications:

Typical Coeliac Indications

Chronic diarrhoea
Malabsorption
Abdominal distention
Unexplained weight loss

Other high risk groups include: first degree relatives, siblings and those with Immunoglobulin A (IgA) deficiency.

Atypical Coeliac Indications

Type 1 diabetes
Anaemia
Osteoporosis
Chronic fatigue
Autoimmune disorders
Dermatitis herpeteformis
Behavioural changes
Irritable bowel syndrome
Infertility/Miscarriage
Neurological symptoms

Diagnosing Coeliac Disease

Patients with coeliac disease are 10-15 times more likely to have IgA deficiency than the general population. Testing for total IgA increases the diagnostic accuracy by ruling out false negative results in those who are IgA deficient.

Anti-Tissue Transglutaminase and Deamidated Gliadin IgA are highly sensitive markers for identifying coeliac disease. When IgA-tTG is positive, testing for IgA-Anti-endomysial Antibodies (IgA-EMA) is routinely performed. This further enhances the accuracy of the profile and helps identify those with silent and latent forms of the disease.

Practitioners also have the ability to determine compliance with:
• IgA Anti-Gliadin Antibodies (IgA-AGA)
• IgG Anti-Gliadin antibodies (IgG-AGA)

Treating Coeliac Disease

Treatment requires life-long abstinence from gluten containing foods. With the need for such a restrictive diet, it is important to accurately determine who has the condition. The Coeliac Profile from Genova Diagnostics incorporates the most advanced non-invasive markers along with traditional serological tests.

• **Analytes:**
Total IgA
IgA Anti-Tissue Transglutaminase
Anti-Deamidated Gliadin IgA
IgA Anti-Endomysial Antibodies

IgA Anti-Gliadin Antibodies
IgG Anti-Gliadin Antibodies

• **Specimen Requirements:**
- 3 ml serum in SST, shipped refrigerated
- Specimen collected Monday to Thursday

• **Before Taking this Test:**
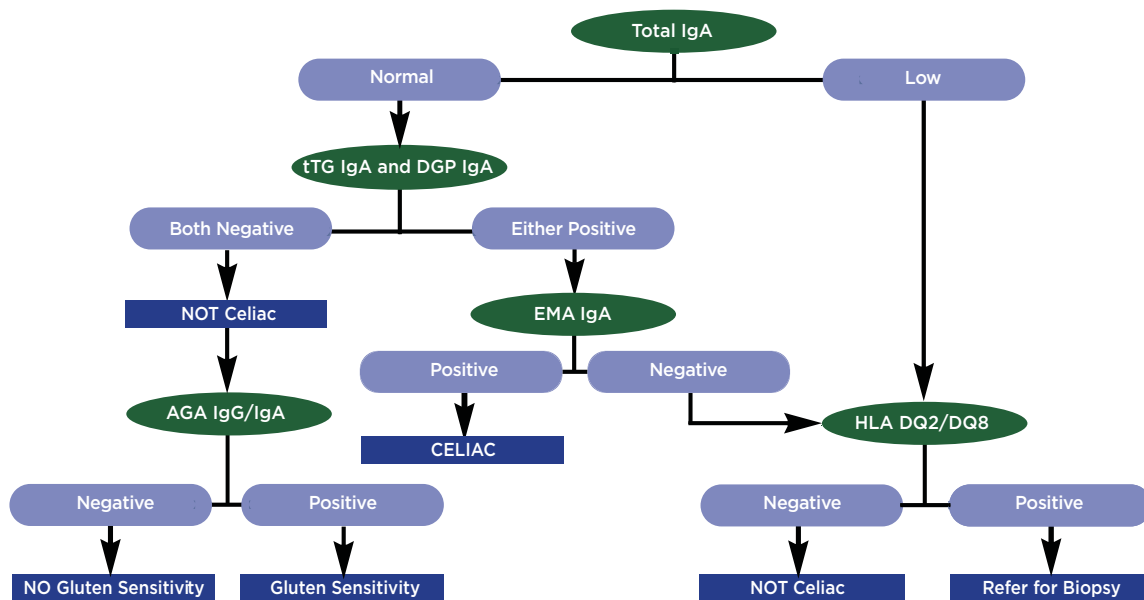See instructions inside test kit for details

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Innovative Testing for Optimal Health

Celiac & Gluten Sensitivity

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Innovative Testing for Optimal Health

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Patient:

SAMPLE REPORT

Age: 17
Sex: F
MRN:

Order Number:

Completed: July 28, 2010
Received: July 19, 2010
Collected: July 19, 2010

Immunologic Markers

Biomarker	Result		Reference Range
Total IgA	139.8	Sufficient	62.0-343.0 mg/dL
Anti-Tissue Transglutaminase IgA (tTG IgA)	2.1	Negative	<=4 U/mL
Anti-Deamidated Gliadin IgA (DGP IgA)	17.2	Negative	<=19 U/mL
Anti-Endomysial IgA (EMA IgA)	Not Detected		Not Detected
Anti-Gliadin IgA (AGA IgA)	21	Weak Positive	<20 U/mL
Anti-Gliadin IgG (AGA IgG)	32	Strong Positve	<20 U/mL

Interpretation

Patient results are consistent with Gluten Sensitivity.

Total IgA → Normal / Low

Normal → tTG IgA and DGP IgA → Both Negative / Either Positive

Both Negative → NOT Celiac → AGA IgG/IgA → Negative / Positive

Negative → NO Gluten Sensitivity
Positive → Gluten Sensitivity

Either Positive → EMA IgA → Positive / Negative

Positive → CELIAC
Negative → HLA DQ2/DQ8

Low → HLA DQ2/DQ8 → Negative / Positive

Negative → NOT Celiac
Positive → Refer for Biopsy

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For test kits, clinical support, or more information contact:

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More detailed publications with references are also available: www.GDXuk.net