Clin Gastroenterol J
Volume 6:1, 2021

Clinical Gastroenterology Journal

Editorial

Open Access

Editorial Note on Celiac Disease

Cladia Fiorilo*

Department of Biomedical Sciences University of Florence, Firenze, Italy

Description

Celiac Disease is autoimmune disorder occurring in genetically predisposed people. Celiac disease causes damage to the small intestine upon ingestion of Gluten. Gluten triggers immune response and damages villi lining found on the small intestine resulting in blocking the absorption of nutrients in small intestine. Symptoms associated with celiac disease are chronic diarrhea, abdominal distention, malabsorption and loss of appetite.

Currently the only treatment of celiac disease is to follow strict Gluten free diet. Undiagnosed Celiac disease leads to long term health complications and are prone to Type I diabetes and multiple sclerosis, neurologic conditions like epilepsy, migraines, intestinal cancers, anemia, dermatitis, osteoporosis etc.

Coeliac disease or celiac disease is a long-term autoimmune disorder that primarily affects the small intestine. Classic symptoms include gastrointestinal problems such as chronic diarrhoea, abdominal distention, malabsorption, loss of appetite, and among children failure to grow normally. This often begins between six months and two years of age. Non-classic symptoms are more common, especially in people older than two years. There may be mild or absent gastrointestinal symptoms, a wide number of symptoms involving any part of the body, or no obvious symptoms. Coeliac disease was first described in childhood; however, it may develop at any age. It is associated with other autoimmune diseases, such as Type 1 diabetes mellitus and Hashimoto's thyroiditis, among others.

Coeliac disease is caused by a reaction to gluten, a group of various proteins found in wheat and in other grains such as barley and rye. Moderate quantities of oats, free of contamination with other gluten-containing grains, are usually tolerated. The occurrence of problems may depend on the variety of oat. It occurs in people who are genetically predisposed. Upon exposure to gluten, an abnormal immune response may lead to the production of several different autoantibodies that can affect a number of different organs. In the small bowel, this causes an inflammatory reaction and may produce shortening of the villi lining the small intestine (villous atrophy). This affects the absorption of nutrients, frequently leading to anaemia.

Diagnosis is typically made by a combination of blood antibody tests and intestinal biopsies, helped by specific genetic testing. Making the diagnosis is not always straightforward. Frequently, the autoantibodies in the blood are negative, and many people have only minor intestinal changes with normal villi. People may have severe symptoms and they may be investigated for years before a diagnosis is achieved. Increasingly, the diagnosis is being made in people without symptoms, as a result of screening. Evidence regarding the effects of screening, however, is not sufficient to determine its usefulness. While the disease is caused by a permanent intolerance to gluten proteins, it is distinct from wheat allergy, which is much more rare.

The only known effective treatment is a strict lifelong gluten-free diet, which leads to recovery of the intestinal mucosa, improves symptoms, and reduces the risk of developing complications in most people. If untreated, it may result in cancers such as intestinal lymphoma, and a slightly increased risk of early death. Rates vary between different regions of the world, from as few as 1 in 300 to as many as 1 in 40, with an average of between 1 in 100 and 1 in 170 people. It is estimated that 80% of cases remain undiagnosed, usually because of minimal or absent gastrointestinal complaints, and lack of knowledge of symptoms and diagnostic criteria. Coeliac disease is slightly more common in women than in men.

Gastrointestinal

Diarrhoea that is characteristic of coeliac disease is chronic, sometimes pale, of large volume, and abnormally bad smelling. Abdominal pain, cramping, bloating with abdominal distension and mouth ulcers may be present. As the bowel becomes more damaged, a degree of lactose intolerance may develop. Frequently, the symptoms are ascribed to Irritable Bowel Syndrome (IBS), only later to be recognised as coeliac disease. In populations of people with symptoms of IBS, a diagnosis of coeliac disease can be made in about 3.3% of cases, or 4x more likely than in general. Screening them for coeliac disease is recommended by the National Institute for Health and Clinical Excellence (NICE), the British Society of Gastroenterology and the American College of Gastroenterology, but is of unclear benefit in North America.

Conclusion

Coeliac Disease leads to an increased risk of both adenocarcinoma and lymphoma of the small bowel (Enteropathy-Associated T-cell Lymphoma (EATL) or other non-Hodgkin lymphomas). This risk is also higher in first-degree relatives such as siblings, parents and children. Whether or not a gluten-free diet brings this risk back to baseline is not clear. Long-standing and untreated disease may lead to other complications, such as ulcerative jejunitis (ulcer formation of the small bowel) and stricturing (narrowing as a result of scarring with obstruction of the bowel).

How to cite this article: Fiorilo, Cladia. "Editorial Note on Celiac Disease". *Clin Gastro J* 6(2021):e131

***Corresponding Author:** *Cladia Fiorilo, Department of Biomedical Sciences University of Florence, Firenze FI, Italy, Email: Cladiafi@gmail.com*

Received: February 01, 2021; **Accepted:** February 15, 2021 ; **Published:** February 22, 2021