

Some Diagnostic Aspects of Celiac Disease in Iraqi children.

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Abstract

Background: There has been an increasing appreciation of the high prevalence of celiac diseases around the world and efforts are continuing to clarify the variable diagnostic problems of the disease.

Objective: We tried to throw light over some of these problems in a group of Iraqi children.

Methods: Ninety-three patients with features of malabsorption were evaluated for celiac diseases, by assessing serum IgA tTG, both IgG & IgA AGA, serum IgA level and a small intestinal biopsy.

Results: Fifty-eight out of ninety-three patients proved to have celiac diseases according to the histopathological picture. Sensitivity of serological tests in general ranged between 50- 77%, but tTG was 100% specific. Patients with more severe histopathological changes showed more

serological positivity and higher antibody titers.

Eleven cases of Giardiasis were diagnosed (on biopsy specimen) out of the whole sample, giving variable histopathological changes & serological responses.

Conclusion: celiac diseases is a prevalent problem in Iraqi children. We share with other countries the diagnostic problems of the disease, but there seems to be some additional aspects, that are peculiar to developing countries, implying the need for diagnostic strategies specific to these areas.

Key words: celiac disease, serological tests, histopathology

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Introduction

Celiac disease (CD) is a problem prevalent around the world. Its prevalence has been increasingly appreciated recently, studies primarily in Europe, but also in the United States, now suggest that its prevalence is roughly 1%, among the general population⁽¹⁾. This better appreciation occurred with the advent of newer diagnostic techniques (including the easy-to-administer serology tests), that clarified many of the non-specificity of the diagnostic techniques⁽²⁾.

Has been frequently rejected by families as being unduly invasive,

especially when evaluating problems as anemia, short stature or even chronic diarrhea in their children.

Reports of CD in Iraq first appeared in 1975 by Al-Hassany⁽³⁾, relying on having a proper small intestinal biopsy showing characteristic histology. However, in Iraq as in other developing countries, the facility for obtaining a biopsy is not always available; in addition, this invasive procedure

On the other hand, children in developing countries are prone to multiple disease states that may lead to clinical manifestations mimicking CD, and even to proximal small intestinal mucosal lesions like: tropical sprue, persistent infection or infestation, post infectious complications or protein energy malnutrition^(5, 6). A situation which is pressing to provide better diagnostic tools, to avoid misinterpretation of test results and if at all possible to

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