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A case of celiac disease mimicking amyotrophic lateral sclerosis

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Introduction: Celiac disease is a common cause of malabsorption of nutrients and large number of individuals has atypical manifestations as first presented symptom. Although malabsorption is generally considered to be a gastrointestinal problem, the effects of malabsorption extend far beyond the gastrointestinal tract. Malabsorption can trigger neurologic dysfunction due to immune related processes and it is difficult to differentiate with other neurologic disease. So we report a case of celiac disease mimicking amyotrophic lateral sclerosis.

Methods: We retrospectively reviewed the medical records of a patient diagnosed for the celiac disease

Case: A 60-year-old male visited hospital with a year history of progressive left sided weakness and impaired left ankle dorsiflexion without sensory symptom or sign. When he visited a hospital first, he suspected Lyme disease, because there was no abnormal finding in brain and spine MRI, electromyography but Borrelia burgdorferi antibody was positive in laboratory finding. So he took doxycycline for a month. After 3 month, he visited other neurologic clinic for progressed neurologic symptom and presented bilateral muscle atrophy and hyperreflexia of biceps and brachioradialis, so he repeated electromyography and nerve conduction study and demonstrated widespread denervation. So he was diagnosed with amyotrophic lateral sclerosis following these finding, and he has taken riluzole since then. But left sided weakness was progressed and gastrointestinal symptoms include diarrhea and poor oral intake and weight loss newly developed. Evaluation for gastrointestinal symptom, he had esophagogastroduodenoscopy and colonoscopy and loss of villi was seen in proximal duodenum, so biopsy was done. We can detect characteristic histologic change on biopsy specimen include severe lymphoplasmic cell infiltration with flattened villi, and tissue transglutaminase IgA was strongly positive (>100 U/mL). So he was finally diagnosed with celiac disease and started gluten-free diet.

Conclusion: Celiac disease with neurologic manifestation as first presented symptom can be misconceived as neurologic disease like amyotrophic lateral sclerosis, so it is important to examine patients carefully for not missing any clue to suspect celiac disease

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