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Screening of celiac disease in irritable bowel syndrome by routine endoscopic duodenal biopsy: Review of literature and opinion

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Statement of the Problem: Celiac Disease (CD) screening test in patients with Irritable Bowel Syndrome (IBS) symptoms is recommended by many international society guidelines including American College of Gastroenterology, given the higher global prevalence of CD approximately 4 times higher in IBS than in the general population of <1%. Though, screening of CD by serological test is preferred, duodenal biopsy is the gold standard for the definitive diagnosis of CD. In practice, most IBS patients undergo upper gastrointestinal endoscopy sooner or later for evaluation of high associated conditions like dyspepsia and or Gastroesophageal Reflux Symptoms (GERD). So, taking routine duodenal biopsy to screen CD looks reasonable.

Methodology: Medline, PubMed and EMBASE were searched for the keywords irritable bowel syndrome, celiac disease, routine endoscopic duodenal biopsy (1991 to 2018).

Findings: When the pretest probability of CD is perceived to be low (<5%), serologic study with IgA anti tTG (immunoglobulin A anti tissue transglutaminase) is the initial preferred test in excluding the diagnosis. Patients with a high probability of CD (>5%), regardless of the serology, should undergo an upper endoscopy with small bowel biopsy to confirm the diagnosis of celiac. As per most of the studies, pretest probability of CD in IBS is close to 3%. Different studies have shown that routine endoscopic duodenal biopsy in presumed IBS have diagnostic yield of CD from 2.4 % to 5%. In contrast to 99-100% yield of sero-positivity in classical CD, in atypical CD like IBS, the sero-positivity is only 40 -70%. There is high association of dyspepsia (27-87%) and GERD (42%) in patients with IBS. By doing routine duodenal biopsy, other associations of IBS such as giardiasis, collagenous sprue etc could also be ruled out.

Conclusion: Though pretest probability of CD in IBS may be <5%, it seems logical to perform routine endoscopic duodenal biopsy in patients with IBS to screen for CD as practiced in many centers in USA, Europe and Asia.

Biography

Mohan Khadka has gained close experiences of medical education and state of art training from Nepal, India and China. He was also certified by ECFMG (USA) in 2006 for passing USMLE. In 2009, he got special training of wireless video capsule endoscopy from a pioneer institute Chongqing medical university, China and in 2015 also had opportunity to get advanced level of training from a tertiary referral gastroenterology center at GB Pant Hospital, Delhi, India. In the period of 2011 to 2016, he has attended, chaired and presented in many national and international conferences, seminars and endoscopy workshops. He has published more than half dozen papers in national and international peer reviewed journals and is also reviewer and editor of some international journals. His interest is exploring novice in Irritable bowel syndrome, Celiac disease and Video capsule endoscopy.

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