Celiac Disease

Diagnosis, whom to test, monitoring, diet adherence, and workup of nonresponsive/refractory celiac disease.

2023 ACG Clinical Guideline
Diagnosis and Management of Celiac Disease
Rubio-Tapia et al. · Am J Gastroenterol 2023;118:59-76

GRADE — Strong Rec | Conditional Rec | Key Concept

1 Diagnosis

STATEMENT	GRADE
EGD with multiple duodenal biopsies (1–2 from bulb, 4 from distal duodenum) for confirmation of diagnosis in children and adults with suspicion of CD	1 · Strong
Combination of **high-titer TTG-IgA** (>10× ULN) with a **positive EMA** on a second sample is a reliable nonbiopsy diagnosis in children; symptomatic adults unwilling/unable to undergo EGD may be considered a diagnosis of likely CD on the same criteria	2 · Conditional
Lymphocytic duodenosis (≥25 IELs/100 epithelial cells) without villous atrophy is **not specific for CD** — consider other causes	Key Concept

2 Whom to Test — Case Finding

STATEMENT	GRADE
Case finding (targeted serologic testing of at-risk/symptomatic patients) to increase detection of CD in clinical practice	1 · Strong
Against mass screening for CD in the general community	1 · Strong

KEY — Test patients with **malabsorption symptoms** (chronic diarrhea, weight loss, steatorrhea, bloating), a **treatable condition associated with CD**, or a **first-degree relative with confirmed CD** (test if symptomatic; consider testing if asymptomatic). Common associated conditions: **iron-deficiency anemia · osteoporosis · unexplained weight loss · elevated LFTs · dermatitis herpetiformis · peripheral neuropathy · growth failure · thyroid disease · IBS · Down/Turner syndrome · unexplained pancreatitis** — and, less commonly but reversibly: **amenorrhea · chronic fatigue · epilepsy/ataxia · constipation · "brain fog" · recurrent headache · chronic arthralgia**.

3 Testing in Children Younger Than 2 Years

STATEMENT	GRADE
TTG-IgA as the preferred single test in children <2 yr who are not IgA-deficient	1 · Strong
If **IgA-deficient**, test with **IgG-based antibodies** (DGP-IgG or TTG-IgG)	1 · Strong
TTG-IgA and EMA-IgA are less accurate in children <2 yr — current guidance favors combining TTG-IgA with DGP-IgG	Key Concept

4 Monitoring After Diagnosis

STATEMENT	GRADE
Set a goal of **intestinal healing** as an endpoint of GFD therapy, with individualized discussion of goals beyond clinical/serologic remission	2 · Conditional
Pneumococcal vaccination to prevent pneumococcal disease in patients with CD	2 · Conditional
Follow-up biopsy may be considered for mucosal healing assessment in asymptomatic adults ≥2 yr after starting GFD, via shared decision-making	Key Concept

KEY — Clinical follow-up: visits at **3, 6, and 12 months** in year 1, then **twice yearly to yearly** thereafter. A **dietitian visit is mandatory** after diagnosis. Monitor **seroconversion** (positive → negative), pursue preventive care (vaccines, DXA bone density), and maintain active surveillance for coexisting autoimmune disease.

5 Diet Adherence, Oats & Probiotics

STATEMENT	GRADE
Against routine use of gluten detection devices in food/biospecimens to monitor adherence — standard of care remains an interview with a **dietitian** experienced in GFD	2 · Conditional
Gluten-free oats may be consumed; variable toxicity across varieties and small risk of immune reaction to avenin warrants monitoring for oat tolerance	1 · Strong
Insufficient evidence to recommend for or against probiotics for treatment of CD	Evidence Gap

6 Nonresponsive & Refractory Celiac Disease

NONRESPONSIVE CD

Persistent symptoms/signs/labs despite 6–12 months of GFD. Workup: reconfirm initial diagnosis → assess inadvertent gluten exposure (dietitian + serology) → evaluate for coexisting functional disorder → selective testing for lactose/fructose intolerance, pancreatic insufficiency, microscopic colitis, or SIBO.

REFRACTORY CD (RCD)

Malabsorption with persistent villous atrophy despite strict GFD ≥12 months; <1% of CD. **Type 1** (polyclonal T-cells): further dietary restriction ± budesonide/prednisone. **Type 2** (clonal $CD3^+CD8^-$ T-cells): high risk of enteropathy-associated T-cell lymphoma — refer to a specialized center.

Rubio-Tapia A, Hill ID, Semrad C, et al. American College of Gastroenterology Guidelines: Diagnosis and Management of Celiac Disease. *Am J Gastroenterol.* 2023;118(1):59-76.