

Randall Children's Hospital

Co-Management and Referral Guidelines Initial Evaluation for Celiac Disease in Children Pediatric Gastroenterology

Phone: 503-276-6138

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Introduction

- Celiac disease is a chronic, immune-mediated enteropathy caused by a permanent sensitivity to gluten and affects genetically susceptible children and adults.
- Celiac disease is a common disorder, and may occur in 0.5 percent to 1 percent of the general population.
- Underdiagnosis and treatment puts individuals at risk for nutritional deficits and lifetime risk of lymphoma.
- The only treatment for celiac disease is complete dietary elimination of gluten, including that in wheat, barley and rye.

Evaluation and Management

Whom to screen

Consider screening for celiac disease in children with one or more of the following:

- Chronic gastrointestinal symptoms including abdominal pain, diarrhea, vomiting, abdominal distension or constipation
 - Short stature or childhood failure to thrive
 - Decreased bone density
 - Dental enamel defects
 - Delayed puberty
 - Persistent iron deficiency anemia
 - Dermatitis herpetiformis
 - Type I diabetes, Down syndrome, Turner syndrome, Williams syndrome, IgA deficiency and first degree relatives of individuals with celiac disease (even if they have no GI symptoms)
- Some patients with initial negative tests will need to be re-tested over the course of their lives, if they have the above genetic risks, or if their symptoms change.

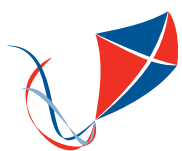
How to screen

- The screening tests to order are tissue transglutaminase (TTG) IgA antibody and total IgA antibody. These should be collected while the patient is on a gluten-containing diet.
- Also obtain a TTG IgG level if the total IgA level is very low.
- A patient with suspected celiac disease should be seen by a specialist prior to initiating a gluten-free diet, as endoscopy is usually required to confirm the diagnosis.

When to refer

- Children should be referred if screening labs show elevation in celiac markers, or there is a high clinical suspicion for celiac disease with negative markers.
- Children with celiac disease should have ongoing visits with a pediatric gastroenterologist to monitor for adherence and co-morbidities. Refer patients with celiac disease if they have not been seen in several years.

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Referral process

Northwest Pediatric Gastroenterology

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When making a referral, please send supporting documents and specify that the patient is being seen to rule out celiac disease, in order to allow for appropriate appointment triaging.

For possible admissions or to reach a different subspecialist at Randall Children's Hospital, **call Legacy One Call Consult & Transfer: 1-800-500-9111.**

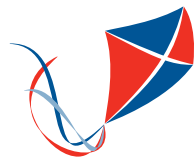
Additional Resources

Hill ID, et al. Guideline for the diagnosis and treatment of celiac disease in children: recommendations of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition. *Journal of Pediatric Gastroenterology and Nutrition*. 2005 Jan;40(1):1-19.

<http://www.ncbi.nlm.nih.gov/pubmed/15625418>

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Find this and other co-management/referral guidelines online at: www.legacyhealth.org/randallguidelines



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