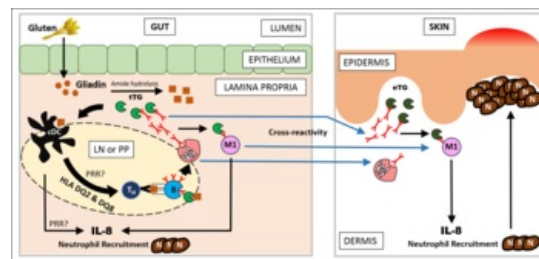


Celiac disease screening

Celiac **serological markers** include IgA and IgG (AGA-A) antibodies to gliadine AGA-G), antibodies to reticulin (ARA) and endomysium (EmA) class IgA and antibodies to tissue transglutaminase class IgA and IgG (atTG-A, atTG-G). None of these markers is 100 per cent specific and at the same time 100 per cent sensitive. The sensitivity and specificity of these tests ranges from 31-100% depending on the antigen/substrate used, the cut-off value setting, the methodology used and the standardisation of the test. The latest methods recommend detection of antibodies against synthetically prepared gliadine-specific nonapeptides and deamidated gliadin peptides, respectively.

Algorithms of screening programmes include the sequential or even parallel determination of individual markers, but the positive result must in any case be confirmed by histological examination. In remission with a gluten-free diet, the level of antibodies decreases and therefore their determination can be used very well for long-term monitoring, follow-up, and monitoring of adherence to a gluten-free diet. The latest methods for screening are immunochromatographic, rapid tests and include primarily the method of determination of antibodies to tissue transglutaminase and gliadine, there are also methods like DotBlot, a sequential ELISA process tied to a single stripe test.

The importance of screening is particularly important in patients with other autoimmune diseases. For example, the risk of asymptomatic celiac disease, without clinical signs, is higher in type 1 diabetics 10x than in the general population, i.e. the incidence is not 1:200 but 1:20. The increased risk is similar for other autoimmune diseases (autoimmune thyroiditis, etc.). In the study conducted on the CBLD 1. In a population of 200 patients, LF UK and VFN showed significantly higher numbers of positive markers of celiac sprue in type 1 diabetic patients with advanced autoimmune (positive anti-GAD) than in anti-GAD negative patients. Celiac sprue (CS, gluten enteropathy) is an autoimmune disease with genetically-related binding (HLA-DQ2/DQ8). Methods of molecular biology, PCRs, allow the detection of specific markers - HLA-DQ. The importance of HLA-DQ typing in screening is currently under discussion.



Cross-reactivity hypothesis for the onset of dermatitis herpetiformis in patients with celiac disease



Gliadin

Links

Related articles

- Celiac disease
- Determination of antibodies to gliadine, endomysium or atTG in faeces

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