Celiac disease, also known as celiac sprue and gluten sensitive enteropathy, is an autoimmune disorder associated with HLA DQ2 and DQ8. With this disorder, dietary gluten contained in wheat, rye and barley induces a T-cell mediated inflammatory response in the small intestine that can lead to malabsorption. Previously thought to be rare, celiac disease is now felt to be one of the most common genetically based diseases, with perhaps 3 million affected in the United States.

The classical findings of diarrhea, abdominal pain, malabsorption, and weight loss occur infrequently. Many affected individuals have nonspecific or a lack of symptoms, which can delay the diagnosis. The term “tip of the iceberg” has been applied due to the assumed large number of undiagnosed cases. The most common adult presentation is felt to be iron deficiency anemia. Celiac disease may present at any age, and the diagnosis can be suggested by elevated transglutaminase and endomysial IgA antibodies, with small intestinal biopsy the “gold standard,” and the diagnosis confirmed by clinical response to a gluten free diet, which is difficult to adhere to.

Celiac disease is associated with other autoimmune diseases, such as type I diabetes mellitus, thyroid and liver disease, and others. There is a higher risk of malignancies compared to the general population, including enteropathy associated T-cell lymphoma (EATL), other types of lymphoma, small intestinal adenocarcinoma, and others. A 2004 National Institutes of Health Consensus Development Conference Statement on celiac disease and also other studies report the mortality risk of celiac disease to be twice that of the general population, although other values have been reported in the literature. Early diagnosis and treatment may decrease both the mortality risk and the incidence of at least some types of malignancy.

Of great concern from an insurance standpoint is the perceived high incidence of undiagnosed celiac disease. We are dependent
upon the treating physician to consider and seek out this diagnosis. With the widespread availability of serologic testing and the increased attention afforded celiac disease in the medical literature during the past several years, we hope that the “iceberg” will begin to emerge from under water.

REFERENCES