

FROM POTENTIAL TO OVERT CELIAC DISEASE: IDENTIFYING WHO IS AT RISK AND WHEN PROGRESSION OCCURS

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A retrospective study of 120 patients with potential celiac disease found that only 16% progressed to overt celiac disease during follow-up, with higher baseline anti-transglutaminase antibody levels significantly associated with progression.

KEY POINTS

- During follow-up, 20 of 120 patients with potential celiac disease developed villous atrophy after a mean interval of 1.3 ± 2.1 years, while the remaining 100 patients did not progress to celiac disease.
- Cox regression analysis identified higher baseline anti-tTG levels as significantly associated with progression to overt celiac disease (HR 1.78, $p = 0.029$; 95% CI: 1.06–3.01), independent of age and sex.
- At baseline, 80% of patients were symptomatic with bloating (36.8%), abdominal discomfort (35.1%), and diarrhea (26.1%) being the most common complaints, and median anti-tTG was 4.93 times the upper limit of normal.
- Among the 100 non-progressors, 18 chose to initiate a gluten-free diet with 11 reporting symptomatic improvement, while others continued a gluten-containing diet without symptom worsening.
- The authors conclude that most potential celiac disease patients can be managed conservatively with monitoring rather than immediate dietary restrictions.

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