RESURFACE OF ANTI-GLIADIN ANTIBODIES IN CELIAC DISEASE? A PROGNOSTIC TOOL FOR ASSESSING MUCOSAL RECOVERY IN CELIAC DISEASE

Anca-Victorita Trifan

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A retrospective study of 102 adult celiac disease patients found that 25.5% had persistent villous atrophy after at least 12 months of gluten-free diet despite good adherence, with complete mucosal atrophy at diagnosis and high anti-gliadin antibody levels identified as independent risk factors for failure to achieve mucosal recovery.

KEY POINTS

- After at least 12 months of gluten-free diet, 26 of 102 patients (25.5%) had persistent villous atrophy despite good or excellent adherence to the diet.
- Multivariate Cox regression analysis identified complete mucosal atrophy (p=0.007) and high anti-gliadin antibody levels (p=0.001) at diagnosis as independent risk factors for lack of mucosal improvement.
- Patients younger than 35 years, those with severe mucosal damage (Marsh 3c lesions), and those with increased anti-gliadin antibody levels at diagnosis were at risk for failure to obtain mucosal recovery.
- Genotype, tTG-IgA antibody levels, and duration of gluten-free diet did not influence the occurrence of mucosal recovery.
- The authors suggest that elevated anti-gliadin antibody levels at diagnosis could be used as a prognostic tool for assessing mucosal recovery.

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