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Summary

From guidelines to practice: The non-biopsy approach - pros and cons

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Postgraduate Teaching Programme Barcelona 2026 | Presentation

Paediatrics | Small Intestine & Nutrition | Primary Care | Small Intestine & Nutrition

October 17, 2026

The 2025 European guidelines now permit non-biopsy diagnosis of coeliac disease in adults under 45 years when IgA anti-TTG exceeds ten times the upper limit of normal, confirmed on a second sample, in secondary care without red flags.

KEY POINTS

- The speaker presented that a meta-analysis reported 98% positive predictive value for villous atrophy when TTG is higher than ten times normal, though this depends on the population tested
- Real-world data from Oslo showed that 27% of patients meet all European guideline criteria for non-biopsy diagnosis when age restriction and second sample confirmation are applied
- European guidelines require patients to be younger than 45 years, while British guidelines set no age cut-off and do not require second sample confirmation
- Studies from Finland and Romania reported that patients diagnosed by serology alone had lower follow-up attendance, higher persistent symptoms, and more dietary transgressions compared to biopsy-confirmed patients
- The speaker noted that patients over 45 years and those with classical symptoms are at higher risk of persistent duodenal damage and complications, supporting the age restriction in the European approach
- The speaker emphasized that avoiding biopsy at diagnosis does not preclude performing it later if clinically necessary

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