FLOW CYTOMETRY FOR THE ASSESSMENT OF ABERRANT INTRAEPITHELIAL LYMPHOCYTES IN NON-RESPONSIVE COELIAC DISEASE AND NON-COELIAC ENTEROPATHIES

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Flow cytometry demonstrated perfect reproducibility for monitoring intraepithelial lymphocyte immunophenotype in refractory and non-responsive coeliac disease, with aberrant phenotype strongly predicting mortality in coeliac patients.

KEY POINTS

- In 52 patients (18 RCD, 21 NRCD, 13 non-coeliac enteropathies) undergoing 100 flow cytometry determinations, aberrant IEL phenotype (>20% CD103+,CD3-,CD8-,CD3ε+) was found in 9 patients (7 RCD, 2 NRCD).
- Flow cytometry immunophenotype remained unchanged in all 22 patients with repeat testing during follow-up (Cohen's κ=1.00), demonstrating perfect reproducibility.
- Coeliac patients with aberrant IEL phenotype had markedly increased mortality compared to those with normal phenotype (89% versus 7%, HR 5.5, 95% CI 1.8-17.3, p<0.01) over median 33-month follow-up.
- Concordance of flow cytometry with immunohistochemistry was fair (Cohen's κ=0.40) but minimal with TCR-γ clonality analysis (Cohen's κ=0.22).
- None of 13 non-coeliac enteropathy patients showed aberrant IEL phenotype at flow cytometry, although 3 developed lymphoma and 4 died.

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