Persistent coeliac disease enteropathy

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Persistent villous atrophy in established coeliac disease is associated with increased risk of malignant complications and mortality, with ongoing gluten ingestion being the most common cause rather than refractory disease.

KEY POINTS

- The speaker stated that repeat biopsies are the only reliable method to identify persistent villous atrophy, as no non-invasive markers currently exist for detecting persistent mucosal inflammation.
- In the speaker's national referral centre, ongoing gluten ingestion is by far the biggest cause of persistent enteropathy, with refractory coeliac disease accounting for a smaller proportion and slow mucosal healing for about 10 to 15 percent of cases.
- Assessing gluten exposure is very difficult because symptoms can be unreliable, TTG antibody levels do not consistently correlate with adherence, and specialist dietetic review is not always available.
- For type 1 refractory disease, the speaker reported that open capsule budesonide shows benefits, with recent multicenter data currently submitted for publication.
- The speaker stated that outcomes remain poor in refractory coeliac disease, with survival data from recent years similar to studies from 2010 to 2015, and outcomes worsen further when enteropathy-associated T-cell lymphoma develops.
- The speaker does not recommend routine follow-up biopsies for all coeliac patients but considers them indicated for ongoing symptoms, new signs, or patient preference for confirming mucosal healing.

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