

Coeliac disease with David Sanders

Pradeep Mundre

Podcast Episode

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Professor David Sanders discusses updated British Society Coeliac Guidelines, highlighting the option for serology-based diagnosis without biopsy and practical challenges in diagnosing and managing coeliac disease.

KEY POINTS

- The updated guidelines introduce serology-based diagnosis: patients with TTG ten times the upper limit of normal have over 95% likelihood of villous atrophy and may be diagnosed without biopsy, though this approach remains controversial across Europe.
- Coeliac disease affects 1% of the population globally, yet two thirds of UK cases remain unrecognised; the speakers emphasise that every patient in secondary care should have TTG testing given the elevated pre-test probability.
- Recommended duodenal biopsy protocol is two samples from the bulb (D1) and four from D2 in separate pots using single-bite technique, as bulb biopsies increase diagnostic yield by approximately 10%.
- Potential coeliac disease describes patients with positive serology and normal biopsy or only raised intraepithelial lymphocytes; meta-analysis shows 30% progress to coeliac disease, 30% normalise, and 80 to 90% of those choosing gluten-free diet report symptomatic benefit.
- The speakers argue most patients doing well on gluten-free diet do not require routine follow-up or repeat biopsy, as 40% may still show villous atrophy at two years despite clinical improvement, and treatment should focus on the patient rather than the test; multiple pharmaceutical approaches are in development but none are yet in mainstream use.

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