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Summary

“PER ELISA”: IS IT THE TIME TO LEAVE IMMUNFLUORESCENCE IN FAVOR OF THE-ANTI-TRANSGLUTAMINASE/DEAMIDATED ANTI-GLIADIN PETIDES DIAGNOSTIC COMBINATION IN COELIAC DISEASE OF ADULTS?

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Small Intestine & Nutrition

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A prospective study of 275 adult patients with suspected coeliac disease found that the a-tTG/DGP antibody combination had comparable diagnostic accuracy to the a-tTG/EMA combination while offering cost savings.

KEY POINTS

- The a-tTG/DGP combination showed sensitivity 94%, specificity 100%, PPV 100%, and NPV 93%, compared to a-tTG/EMA combination with sensitivity 97%, specificity 100%, PPV 100%, and NPV 97%, with no statistically significant difference.
- The optimal a-tTG cut-off for predicting Marsh grade 2 or higher was 42 U/mL (sensitivity 70%, specificity 100%), while the optimal DGP cut-off was 56 U/mL (sensitivity 59%, specificity 100%).
- Use of the a-tTG/DGP combination resulted in a cost saving of approximately 3790 euros compared to the a-tTG/EMA combination for the entire study population.
- The authors conclude that DGP could substitute EMA in combination with a-tTG for coeliac disease diagnosis, reducing both costs and operator-dependency.
- This study may be most relevant to gastroenterologists and laboratory directors evaluating serological testing strategies for coeliac disease diagnosis in adult populations.

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