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Summary

Panel discussion: How to make and not miss the diagnosis: Coeliac disease across the spectrum

Postgraduate Teaching Programme Barcelona 2026 | Presentation

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

October 17, 2026

Panel discussion addressed practical implementation challenges of the no-biopsy coeliac disease diagnostic approach, including patient follow-up strategies, healthcare system variability, and the risk of inadequate management after serology-only diagnosis.

KEY POINTS

- The ten times upper limit of normal cut-off for TTG antibodies in the no-biopsy approach is somewhat arbitrary but widely adopted from paediatric practice, though speakers noted some papers describe diagnosis at lower levels.
- IgA deficiency must be checked with total IgA testing because the no-biopsy approach cannot be used in IgA-deficient patients.
- Speakers expressed concern that primary care physicians might tell patients with positive TTG to start a gluten-free diet without proper referral to secondary care for dietetic services and gastroenterologist consultation.
- One speaker referenced a Finnish study showing patients diagnosed via no-biopsy approach performed worse than those with classical diagnosis, potentially reflecting inadequate patient management and gluten-free diet introduction.
- Follow-up recommendations varied by healthcare system, with speakers suggesting risk stratification based on age over 40-45, classical symptoms, non-response to diet, and adherence problems to identify patients requiring ongoing gastroenterologist care versus GP management.
- Speakers noted that histology quality is currently low, particularly in Germany, with one stating transglutaminase antibody testing is now better than histology as a diagnostic standard.

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