

UTILITY OF FLOW CYTOMETRY IN THE PREDICTION OF OUTCOME OF REFRACTORY COELIAC DISEASE TYPE II (RCD II)

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Flow cytometry detects refractory coeliac disease type II with greater sensitivity than immunohistochemistry and may help predict enteropathy-associated T-cell lymphoma development based on aberrant intraepithelial lymphocyte percentage trends.

KEY POINTS

- In a cohort of 38 patients undergoing 55 flow cytometry assays, 10 were diagnosed with RCD II (aberrancy >20%), with 3 of 10 showing normal CD3/CD8 immunohistochemistry staining that would have resulted in misdiagnosis without flow cytometry.
- Among RCD II patients, those who died (n=5, including 4 from EATL) had mean and median aberrancy of 75% and 80%, compared to 68% and 66% in survivors, suggesting higher aberrancy correlates with mortality risk.
- Serial flow cytometry in one patient showed aberrancy rising from 52% to 72% over 8 years post-autologous stem cell transplant, with EATL developing at 9 years, suggesting steadily increasing aberrant IEL percentage may signal impending EATL.
- Budesonide treatment improved clinical and histological findings in all patients but did not reduce the degree of IEL aberrancy on serial flow studies.
- This work is most relevant for gastroenterologists managing refractory coeliac disease in tertiary referral settings.

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