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Summary

A CLINICAL SCORING SYSTEM TO SUPPORT IDENTIFICATION OF ATYPICAL CELIAC DISEASE: RETROSPECTIVE EVALUATION OF THE SETÚBAL CRITERIA TO SUPPORT CLINICAL DECISION-MAKING IN SUSPECTED CELIAC DISEASE

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A retrospective study of 6,058 patients evaluated the Celiac Probability Score, a weighted multi-variable tool designed to identify celiac disease candidates for biopsy including seronegative and atypical cases.

KEY POINTS

- The CPS uses weighted clinical, serological, histological, genetic, and familial variables to calculate a probability score for celiac disease.
- Among 41 patients with biopsy-confirmed Marsh III enteropathy, 97.6% scored at or above the threshold of 5 for biopsy recommendation, and the CPS identified all 30 seronegative patients and all 12 patients without detectable HLA-DQ2/DQ8.
- Atypical presentations were common: bloating was present in 83% of confirmed cases, brain fog in 49%, and only 46% had classic diarrhea.
- The authors conclude the CPS may be a useful adjunctive tool to support clinical decision-making in suspected celiac disease, including atypical presentations, though further prospective validation is warranted.
- Clinicians managing patients with suspected celiac disease who have negative serology or atypical presentations may find this scoring approach relevant.

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