

Accession Number:
Reference Number:
Patient:
Age: 46 Sex: M
Date of Birth: 04/14/1962
Date Collected:
Date Received:
Report Date:
Telephone: 6783722913
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Reprinted:
Comment:

Ordering Physician:

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Nutritionally Yours
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0078 Celiac Panel - Serum

Methodology: Immunoturbidimetric, ELISA

Results

Total Immunoglobulin A 84 L  104 - 522 mg/dL

Transglutaminase antibody (IgA) < 6 Negative
Anti-Gliadin IgA II < 6 Negative

Negative	< 20	Units
Weak Positive	20 - 30	
Moderate to Strong Positive	> 30	

Inherited factors make some individuals sensitive to a protein called gliadin present in some cereal grains. Gliadin is a part of the total protein or gluten in the grains. When undigested gluten reaches the small intestine, gliadin peptides activate auto-immune reactions in susceptible individuals. As many as 1 in 133 Americans with no previous symptoms or family history of celiac disease may be affected.(1)

Serum IgA is measured to confirm IgA competence and to assure the validity of the tissue- and antigen-specific tests for gluten-sensitive enteropathies. If total IgA is > 10 the other markers are reliable indicators. If total IgA < 10 testing of IgG antibodies to transglutaminase and gliadin may be used. Elevated or moderately depressed IgA can indicate gut-associated lymphoid tissue hyper- or hypo-function, respectively.

Elevated tissue transglutaminase indicates the presence of celiac disease with high sensitivity and specificity for the presence of significant villous atrophy. Antibodies to transglutaminase form upon cell damage.(2) The preceding factor of gluten-activated immune response is revealed by elevated anti-gliadin IgA II. This test may be positive in patients with limited villous atrophy during early stages of the disease or negative for those on a gluten-free diet.(3)

Those with celiac disease should consume a gluten-free diet, eliminating products containing wheat, rye and barley. Helpful on-line information may be found at the Celiac Disease Foundation (<http://www.celiac.org/>) or the Gluten Intolerance Group of North America (<http://www.gluten.net/>). Follow up testing is recommended for dietary adherence.

References:

1. Fasano A, Berti I, Gerarduzzi T, et al. Prevalence of celiac disease in at-risk and not-at-risk groups in the United States: a large multicenter study. Arch Intern Med. 2003;163:286-292.
2. Farrell RJ, Kelly CP. Diagnosis of celiac sprue. Am J Gastroenterol. 2001;96:3237-3246.
3. Green PH, Jabri B. Coeliac disease. Lancet. 2003;362:383-391.

These test results are not for the diagnosis of disease. They are intended to provide nutritional guidelines to qualified healthcare professionals with full knowledge of patient history and concerns to assist in their design of an appropriate healthcare program.