



THE PREVALENCE OF CELIAC DISEASE IN PATIENTS WITH IRRITABLE BOWEL SYNDROME: A RESEARCH ARTICLE

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ABSTRACT The diagnosis of irritable bowel syndrome (IBS) is based on symptom assessment such as the Rome IV criteria. It is sometimes difficult to clinically distinguish IBS from adult-onset celiac disease (CD). Individuals with CD presenting with relatively vague abdominal symptoms are at risk of being dismissed as having IBS. This study aimed to investigate the prevalence of patients with CD among those that fulfill the Rome IV criteria for IBS from among patients referred to the gastroenterology section of our hospital over the last 5 years. **Methods:** The study included a total of 968 patients with an average age of 32 years (range 18-59 years). Females constituted 95% of all patients. Duodenal biopsies were obtained during standard gastroscopy. Sections from these biopsies were stained with haematoxylin and eosin and immunostained for human leucocytes CD45 using the avidin-biotin complex (ABC) method. The sections were then histopathologically examined. Four patients had CD: one with Marsh type 3b, and 3 with Marsh type 1. **Results:** All four of these patients were positive for tissue transglutaminase antibodies (anti-t-TG) IgA and were females aged 24, 20, 36 and 38 years. These 4 patients fulfilled the Rome IV criteria for the sub-type IBS-diarrhea. This amounts to a prevalence of 0.4% of CD in IBS patients. **Conclusion:** The present findings support the notion that IBS patients should be routinely examined for CD.

KEYWORDS :

INTRODUCTION

Approximately 15 to 25% of the world population suffers from irritable bowel syndrome (IBS).^[1] It is a chronic condition characterized by abdominal discomfort or pain, abdominal bloating and changes in bowel habit.^[1,2] Symptoms varies in different patients from tolerable to severe, interfering with daily activity. IBS is the most common diagnosis in gastroenterology and is estimated to comprise 20-40% of all consultations performed by gastroenterologists.^[2,3] Besides the increased morbidity caused by IBS, it represents an economic burden to society in different indirect forms, such as increased sick leave and over-consumption of healthcare resources.^[2,3] There are no biochemical, histopathological or radiological tests for the diagnosis of IBS. Instead, its diagnosis is based on symptom assessment, such as the Rome IV criteria,^[4] and the preclusion of other diseases that cause similar symptoms. Therefore, it is sometimes difficult to clinically distinguish IBS from adult-onset celiac disease (CD).^[5-10] In patients with CD presenting in adulthood, minimal or atypical symptoms are often encountered.^[7,9-12] The breadth of the spectrum of symptoms associated with IBS results in a potential for overlap between IBS and CD symptomatology.

Thus, individuals with CD presenting with relatively vague abdominal symptoms are at risk of being dismissed as having IBS.^[13] The present study aimed to investigate the prevalence of CD among patients that fulfill the Rome IV criteria for IBS, referred to the gastroenterology section of our hospital over the last 5 years.

MATERIALS AND METHODS

Patients. This study was carried out on patients were referred to the gastroenterology department SVP Hospital, Ahmedabad from OCT 2019 to Dec 2021. Those that satisfied the Rome IV criteria for the diagnosis of IBS were considered for inclusion in the study. Patients who were between 18 and 60 years of age and did not suffer from organic gastrointestinal disease or clinically significant system disease were included in the study. Pregnant or lactating women were excluded. Furthermore, patients who had undergone abdominal surgery, with the exception of appendectomy, caesarean section or hysterectomy, were excluded, as were patients with a history of psychosis or mental retardation. A total of 968 patients qualified, with an average age of 32 years (range 18-59 years).

Females constituted 95% of the sample. The patients underwent complete physical examination and blood tests including: full blood count, electrolytes, calcium, folic acid, vitamin B12, inflammatory markers, kidney and liver tests, and thyroid function tests. Gastroscopy, histopathology and immuno histochemistry.

After overnight fasting, a gastroscopy was performed in the patients. During the gastroscopy, four biopsies were obtained from the pars descendens duodeni (distal to the papilla of Vater). Biopsies were fixed in 4% buffered paraformaldehyde overnight, embedded in paraffin and cut into 5-µm thick sections. The sections were stained with haematoxylin and eosin and immunostained with avidin-biotin complex (ABC) using the Vectastain ABC-kit (Vector laboratories) as described previously.^[14] The primary antibody used was monoclonal mouse anti-human leucocytes CD45 (Dako, no. IS751). The second layer was biotinylated mouse anti-IgG were obtained from Dako. The stained and immunostained sections were examined for the possible occurrence of CD using Marsh's modified classification.

RESULTS

The oesophagus, stomach and duodenum of the patients were found to be macroscopically normal. Histopathological examination of duodenal biopsies from the patients revealed normal histology in all the patients, except for 7. CD of Marsh type 1 was found in 6 patients, and CD of Marsh type 3b in 1 patient. The 6 patients with CD Marsh type 1 were subjected to another gastroscopy after 3-6 months and 8 new duodenal biopsies were examined. Furthermore, serological tests for tissue transglutaminase antibodies (anti-t-TG) IgA were performed in these patients. In 3 patients with Marsh type 1 CD, the second biopsies showed normal histology and negative antiTG IgA. These patients were a males and 2 females aged 36, 22 and 42 years, respectively. The remaining 3 patients with Marsh type 1 showed the same histopathological changes in the second duodenal biopsies and were positive for anti-t-TG IgA. Thus, 4 patients had a certain diagnosis of CD among the 968 investigated. All 4 were females aged 24, 20, 36 and 38 years. These 4 patients fulfilled the Rome IV criteria for the sub-type IBS-diarrhoea. This amounts to a prevalence of 0.4% of celiac disease in IBS patient.

DISCUSSION

IBS is prevalent in 15-25% of the world population, while the prevalence of CD is only 0.5-1%.^[15-18] There is, however, an overlap in the symptoms between IBS and CD. Since the diagnosis of IBS is based mainly on symptom assessment, there is a risk of CD patients being wrongly diagnosed as having IBS. This risk is even higher in the two IBS subtypes: IBS-diarrhoea and IBS-mixed. The situation is further complicated by the fact that the abdominal symptoms of both CD and IBS patients are triggered by the ingestion of wheat products. In CD patients, this is due to gluten allergy, while in IBS, the effect is attributed to the long sugar polymer fructan in the wheat.^[19] Three previous studies have reported a 0% prevalence of CD in IBS patients, while in another two studies the prevalence was found to be 11.4 and

31.8%, respectively.^[20-24] These studies were performed on a small patient sample, and therefore definite conclusions could not be drawn. The reported prevalence of CD in IBS patients varies among different studies, in the range of 0.74.7%.^[18,25-28] In the present study, the prevalence of CD among IBS patients was found to be 0.04%. Notably, we used small intestinal biopsies and histopathological examination for CD detection, which is the golden standard. In most of the previous studies, serological tests were instead used for screening.

Regardless of the number of the CD patients among patients diagnosed with IBS, IBS patients should be routinely examined for CD, applicable to all subtypes of IBS. This is evidenced by the finding that 2.6% of patients diagnosed with the IBSconstipation subtype have been found to have CD.^[18] As to which screening approach should be used, both serological and small intestinal biopsies have their advantages and disadvantages; thus, the method that works best locally should be implemented.

ACKNOWLEDGEMENTS

The authors wish to thank Dr Ankur for his enthusiasm and for assisting with and maintaining the patient lists. Thanks are also due to Dr Tirath at the Department of Pathology, svp, for co-ordination of the collaboration between Department. We would like to express our gratitude to Professor Kaushal vyas and Professor Sushil Narang their support and for reading the manuscript.

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