

## Identifying and Diagnosing the Condition of Adult-Onset Celiac Disease

Yang Liu\*

Department of Gastroenterological Surgery, Kumamoto University, Kumamoto, Japan

### ABOUT THE STUDY

Celiac disease is an autoimmune disorder triggered by the ingestion of gluten, a protein found in wheat, barley, and rye. Traditionally, celiac disease was primarily associated with childhood, but recent research has highlighted the prevalence of adult-onset celiac disease. This form of the condition often goes undiagnosed due to its atypical symptoms and lower awareness among healthcare professionals.

### Symptoms

Adult-onset celiac disease can manifest with a wide range of symptoms that may differ from those observed in children. While gastrointestinal symptoms such as diarrhea, abdominal pain, and bloating are still common, adults may also experience non-gastrointestinal symptoms. These can include unexplained weight loss, iron-deficiency anemia, chronic fatigue, joint pain, osteoporosis, skin rashes (dermatitis herpetiformis), depression, and anxiety. It is crucial for healthcare professionals to recognize the varied presentation of celiac disease in adults to facilitate early detection.

### Risk factors

Understanding the risk factors associated with adult-onset celiac disease can aid in its identification. Firstly, having a family history of celiac disease significantly increases the likelihood of developing the condition. Other risk factors include a personal history of other autoimmune disorders such as type 1 diabetes, autoimmune thyroid disease, and autoimmune liver diseases. Additionally, certain genetic markers, such as the presence of the *HLA-DQ2* and *HLA-DQ8* genes, are associated with an increased susceptibility to celiac disease.

### Diagnostic tests

Accurate and timely diagnosis of adult-onset celiac disease is essential for preventing complications and improving the patient's quality of life. The diagnostic process typically involves

several steps. Initially, a healthcare professional may conduct a thorough medical history review and physical examination to identify potential risk factors and evaluate the presence of symptoms.

The gold standard for diagnosing celiac disease is a small intestine biopsy. This involves the endoscopic collection of small tissue samples from the duodenum to assess the damage to the villi, which are tiny, finger-like projections that line the intestine. Histopathological examination can reveal characteristic changes, such as villous atrophy and lymphocyte infiltration, confirming the presence of celiac disease.

In addition to the biopsy, serological tests are commonly used to detect specific antibodies associated with celiac disease. These blood tests measure the levels of antibodies such as tissue Transglutaminase Antibodies (tTG-IgA), Endomysial Antibodies (EMA), and Deamidated Gliadin Peptide (DGP) antibodies. Elevated antibody levels indicate an immune response to gluten and can suggest the presence of celiac disease.

### Importance of timely diagnosis

Undiagnosed and untreated adult-onset celiac disease can lead to various complications and negatively impact a person's health and quality of life. Prolonged exposure to gluten can result in nutrient malabsorption, leading to deficiencies in vitamins, minerals, and other essential nutrients. Osteoporosis, infertility, an increased risk of certain cancers, and other autoimmune disorders are among the long-term complications associated with untreated celiac disease. Early diagnosis and adherence to a strict gluten-free diet are crucial for preventing these complications.

Adult-onset celiac disease is increasingly recognized as a distinct entity, with a different symptom profile compared to childhood-onset celiac disease. Recognizing the atypical symptoms and risk factors associated with adult-onset celiac disease is essential for its timely diagnosis. A combination of medical history evaluation, physical examination, serological tests, and small intestine biopsy helps healthcare professionals accurately identify the condition.

**Correspondence to:** Department of Gastroenterological Surgery, Kumamoto University, Kumamoto, Japan, E-mail: Yangliu999@gmail.com

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