

# Celiac Disease Misdiagnosed as Irritable Bowel Syndrome

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A 60-year-old woman came to my clinic asking for second opinion about her irritable bowel syndrome, a diagnosis she had carried for nearly 40 years. Diarrhea was her predominant symptom. Although with extensive workup in the past and symptomatic management, she continued to suffer from abdominal discomfort, bloating, nausea and diarrhea. A couple of years ago, she was also found to have iron deficiency anemia. Iron supplement was initiated, but was not able to correct her problem. Gradual weight loss was noticed in the last couple of years. Last year, her friends reminded her that she might have celiac sprue disease. She went to her doctor and inquired about this possibility, but her doctor did not think she had celiac disease. She did internet research herself and started gluten-free diet. She said her symptoms have improved to some extent, but she was not gaining weight and still had residual symptoms. She was not sure if she had the celiac disease.

She came to me and asked for the second opinion. I did the celiac disease panel and it showed she had positive serology. Upper GI endoscopy also showed typical presentation of celiac disease. Multiple biopsies from her small bowel confirmed the diagnosis. She was referred to a dietitian with expertise in gluten-free diet, as it is very difficult to avoid glutes in the environment. She was also advised that her children should screen for the celiac disease, as it is a genetic disorder. I ordered abdominal CT to make sure she has not developed small bowel lymphoma associated with celiac disease because the correct diagnosis was delayed for nearly 40 years and appropriate diet was not initiated until now. It took 6 months for her to become symptom-free with normalization of her celiac serology.

Celiac disease has been more and more recognized especially in the last 10 years. It has a strong genetic background, more commonly seen in the descendents with origin from Northern Europe. The symptoms of celiac disease vary from very minimal to very severe. Most patients present with mild symptoms like chronic mild diarrhea, abdominal discomfort, bloating or refractory iron deficiency anemia. In severe cases, patient can present with abdominal lymphoma and liver cirrhosis. The treatment for celiac disease is gluten-free diet. It is very difficult to get 100% absolute gluten-free, because gluten might be contained in the lipstick, drugs and food supplement products. The latest research has focused on developing enzymes which can degrade gluten in the food, but they are not yet commercially available. Patients with celiac sprue disease need to be watched out for small bowel lymphoma and liver cirrhosis. The refractory iron deficiency anemia can be treated with IV form iron because the patient's gut is not

absorbing the iron properly. Celiac sprue disease can be misdiagnosed for irritable bowel syndrome or other functional GI problems. It is important to rule out celiac disease before giving the diagnosis of irritable bowel syndrome. Irritable bowel syndrome is a very misleading diagnosis. It tends to cover a lot of real GI disorders and causes delay in proper diagnosis and treatment. Seeking second or third opinions from digestive diseases specialists is a wise decision before accepting the diagnosis of irritable bowel syndrome.

If you have any questions about chronic diarrhea, refractory iron deficiency anemia or incurable irritable bowel syndrome, please contact Dr. Jeff Ye, North Atlanta Medical & Digestive Care at 770-346-0900. We can help!