Prevalence of Celiac disease in clinically diagnosed diarrhea predominant IBS Egyptian patients

Thesis

Submitted for fulfillment of master degree in internal medicine

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2016

﴿اقْرَأْ بِاسْمِ رَبِّكَ الَّذِي خَلَقَ (١) خَلَقَ الإِنسَانَ مِنْ عَلَقٍ (٢) اقْرَأْ وَرَبُّكَ الأَكْرَمُ (٣) الَّذِي عَلَّمَ بِالْقَلَمِ (٤) عَلَّمَ الإِنسَانَ مَا لَمْ يَعْلَمْ (٥)﴾

سورة العلق الآية من (١-٥)

Acknowledgement

First, I would like to thank ***God*** *for his care, blessing and mercy that I really appreciate.*

I wish to express my sincere indebtedness to

Prof. Dr. Mohamed Abd El- Hamid El Bokl

Professor of Internal Medicine and gastroenterology, faculty of medicine, Ain shams University, for his consistent help, advice, cooperation, creative ideas, guidance and meticulous supervision.

I would like to express my deepest gratitude to

Prof. Dr. Adel Ahmed Mahmoud

Professor of Internal Medicine and gastroenterology, faculty of medicine, Ain shams University, for his consistent help, advice, cooperation, creative ideas, guidance and meticulous supervision.

I would like to express my deepest gratitude to

Prof. Dr. Nevine Ibrahim Musa

Assistant professor of Internal Medicine and gastroenterology, faculty of medicine, Ain shams University, for her continuous support, and inspiring guidance over the period of my work.

Prof. Dr. Wessam El- Sayed Saad

Assistant professor of clinical and chemical pathology, faculty of medicine, Ain shams University for her continuous support, help advises and cooperation.

Prof. Dr. Samy Zaky El- Sayed

Professor of tropical medicine, faculty of medicine, Al-Azhar University for his continuous support, help advises and cooperation.

Thanks to all my patients who without their participation this work would not be accomplished.

Finally, I dedicate this work to all my family who supported and encouraged me a lot.

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LIST OF ABBREVIATIONS

ACG	American College of Gastroenterologists
AE Ab	Antiendomysial antibody
AGA	Anti Gliadin Antibody
Anti tTG Ab	Anti tissue transglutaminase Ab
CBC	Complete blood count
CD	celiac disease
CSA	Celiac Sprue Association
DCs	Dendritic Cells
EIA	Enzyme immunoassay
ELISA	Enzyme-linked immunosorbent assay
ERCP	Endoscopic Retrograde Cholangiopancreatography
EUS	Endoscopic Ultrasound
FBD	Functional Bowel Disorder
FD	Functional Dyspepsia
GFD	Gluten Free Diet
GC-C	Guanylate cyclase C
GFCO	Gluten-free certification organization
GI	Gastrointestinal
GS	Gluten sensitivity
HRQOL	Health related quality of life
IBD	Inflammatory bowel disease
IBS	Irritable bowel syndrome
IBS-D	Irritable bowel syndrome predominant diarrhea
Ig A	Immunoglobulin A
LD	Lymphocytic Duodenosis
NFCA	National Foundation for Celiac Awareness
OGD	Oesophagogastroduodenoscopy
SSRIs	Selective serotonin Reuptake inhibitors
VCE	Video Capsule Endoscopy

INTRODUCTION

Irritable bowel syndrome {IBS} is defined according to Rome III consensus as a clinical syndrome characterized by presence of abdominal pain or discomfort, at least 3 days per month in the last 3 months that started at least 6 months before diagnosis, and two or more other symptom features; improvement with defecation, association with a change in stool frequency and association with a change in stool form or appearance. Other symptoms, such as bloating and distension, are also considered to be consistent with a diagnosis of IBS. **(Longstreth, et al., 2006).**

Celiac disease is a condition traditionally characterized by chronic inflammation of proximal small intestine resulting in villous atrophy and malabsorption that can genetically develop in susceptible individuals ingesting gluten which is prevalent in wheat, barley, and rye **(Fasano, et al., 2003)**.

IBS is a collection of a diverse grouping of symptom defined syndromes, Celiac disease may also present with a wide spectrum of both gastrointestinal (GI) and non GI symptoms, many of which bear a large degree of overlap with IBS. (**Holt, et al., 2001**).

A systemic review and meta-analysis has concluded that Celiac disease, as diagnosed by positive serology and positive biopsy, was four folds more prevalent among patients with a clinical presentation of IBS than in non IBS populations **(Ford, et al., 2008)**

(Fasano, et al., 2003) have concluded that about 3% of patients with a " clinical " presentation of IBS were subsequently diagnosed with Celiac disease.