

# **DENTISTRY AND CELIAC DISEASE**

## WHAT IS CELIAC DISEASE?

Celiac disease (CD) is classified as an autoimmune disorder. Patients with CD have sensitivity to gluten found in wheat, rye and barley. When they eat foods containing gluten it causes a severe reaction in their intestine leading to atrophy of the villi and subsequent mal-absorption. CD was once believed to be very rare but in the last 15 years new data has shown it to be much more prevalent than previously thought. Current research shows that nearly 1% of all people in the United States may be affected by this disorder. As a dentist you can play an important role in helping to screen for this condition and direct patients to where they can receive appropriate help.

## WHY SHOULD THE DENTIST BE INVOLVED?

As dentists we may see our patients more often than their physician. Celiac disorder has certain dental manifestations that may be early clues to detecting this condition. An alert dentist may be able to identify from a medical history additional clues pointing to Celiac. Treatment for CD is simply a matter of modifying ones diet. Helping your patients identify this problem can bring about dramatic improvements in their health.

## WHAT ARE THE SYMPTOMS?

Patients with Celiac will often show a symmetrical pattern of developmental enamel defects. These vary in severity from slightly opaque patterns on the enamel, similar in appearance to fluorosis, to complete enamel dysplasia. About 80% of patients with CD have enamel defects as compared with the non Celiac population which has a frequency of about 4%.

Less than one in seven CD patients present with classic symptoms. These may include: Stomach pain, diarrhea, malnutrition, distended belly and thin arms and legs. These patients are often toddler age children.

More than six out of seven patients with CD show a non-classic presentation or no symptoms at all. This is often misdiagnosed as another disease. Some of the symptoms you can look for on your health history may include: osteoporosis, unexplainable rashes, anemia, pallor, crones disease, irritable bowel syndrome, chronic fatigue syndrome, delayed or stunted growth, constipation, uncontrolled emotional outbursts or depression, lupus, arthritis. These can present at any age.

You should know that if a person has type 1 diabetes their chances of having CD are 1:10. The same is true if you have a sibling or parent with the disease. CD is also very common among those with downs syndrome and autism.

## WHAT SHOULD I DO IF I THINK MY PATIENT HAS CD?

If you suspect CD you should refer the patient to a qualified gastroenterologist. There are simple blood tests that have become available. These have an accuracy rate of somewhere around 90%. If a patient shows a positive blood test then they will be sent in for a biopsy of the small intestine. When a person with CD begins to modify their diet they will show a rapid, wonderful improvement in their health. Being a part of a patient's recovery can be a great gift to your patient.

You can learn more on one of the many websites devoted to this topic, including <http://www.celiac.nih.gov/>.