



WoSPGHaN



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Diagnosis of coeliac disease

Guidance for parents and carers

New guidelines have recently been published suggesting some changes when diagnosing coeliac disease in children. Previously, guidelines suggested all children with suspected coeliac disease needed to have a biopsy to confirm the diagnosis.

The new guidelines recommend that for some children who have symptoms such as diarrhoea, tummy pains or poor growth, it may be possible to confirm the diagnosis of coeliac disease using the following blood tests only, without the need for a biopsy.

- Trans glutaminase antibodies (tTG) and an endomysial antibody (EMA). Your child will need to have two separate blood tests. The results need to be at a certain level to confirm the diagnosis.
- Human leukocyte antigen (HLA), which is a genetic blood test. We will give you information about this.

If you agreed to have the diagnosis of coeliac disease confirmed by the blood tests, we would confirm this in writing for you.

It is essential that the tTG antibodies and the EMA tests are done when your child is on a normal gluten-containing diet. We may advise you to increase their intake of gluten before these tests are done.

As coeliac disease is a lifelong condition you may still prefer that your child has a biopsy to confirm the diagnosis. We would be happy to arrange this for you.

If your child is under two and in certain other circumstances (for example if they have diabetes), we would recommend that your child has a biopsy. The dietitians at clinic will be happy to discuss this with you.

When would you still recommend a biopsy?

Any child who has no symptoms, or whose blood tests do not reach a certain level, would need a biopsy to confirm the diagnosis of coeliac disease. The dietitian at clinic will be happy to discuss this further with you.

If you have any questions, please contact the gastroenterology dietitians.

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This leaflet was developed by the gastroenterology dietitians and the WoSPGHaN MCN.

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MI 267256

Published	September 2015	Version 1
Reviewed	September 2017	Versions 2
Review Date	September 2019	