

Celiac Disease Characteristics

Celiac disease is characterized by symptoms of dermatitis herpetiformis, steatorrhea, decreased bone density, failure to thrive, anemia and weight loss. There is a strong association of this disease with HLA-DQ8 and HLA-DQ2, and it has a higher prevalence in patients of northern European descent.



PLAY PICMONIC

Epidemiology

European Descent

[European](#)

This disease is seen more commonly in patients of northern European descent.

HLA-DQ2

[HLA-DQ \(2\) Tutu](#)

Celiac Disease is strongly associated with specific HLA class II genes, one of which is known as HLA-DQ2, located on chromosome 6p21.

HLA-DQ8

[HLA-DQ \(8\) Skate](#)

Celiac disease is also strongly associated with HLA-DQ8, a specific HLA class II, located on chromosome 6p21.

Pathophysiology

Autoimmune-mediated Intolerance of Gliadin

[Auto-in-moon drive-thru with Intolerance of Gluten-dinner](#)

This disorder is caused by an autoimmune-mediated intolerance to gliadin, which are a component of gluten.

Symptoms

Dermatitis Herpetiformis

[Herb-head with rash](#)

Dermatitis herpetiformis is an itchy cutaneous condition, which is linked to celiac disease. This symptom is characterised by blisters filled with a watery fluid, and despite its name, is not associated with herpes.

Weight Loss

[Skinny with Baggy-pants](#)

Due to the autoimmune damage to intestinal tissue, patients often have malabsorption of nutrients, leading to weight loss.

Failure to Thrive

[Very Skinny Baby](#)

Children with undiagnosed celiac disease may have malabsorption which can present as failure to thrive. Patients may appear underweight and may be below growth curves appropriate for their age.

Decreased Bone Density

[Down-arrow Bone](#)

The malabsorption caused by autoimmune intestinal disease in Celiac's also causes decreased mineral absorption. Patients who have not made lifestyle modifications for this disorder can present with decreased bone density.

Steatorrhea

[Steak-diarrhea](#)

In celiac disease, patients can have malabsorption and improper absorption of fats and nutrients. This often presents as steatorrhea, or excess, foul-smelling fat in the feces.

Anemia

[Anemone](#)

The malabsorption associated with celiac disease can also manifest as anemia in patients. This is often one of the first lab tests seen in patients, which may instigate a further workup, leading to a diagnosis of celiac disease in patients.