**Should we look for Celiac disease in Irritable Bowel Syndrome?**

Taghi Amiriani, Sima Besharat, Gholamreza Roshandel, Adel Shalizar

Received: 07 Dec 2010 / Accepted: 25 Dec 2010
© OMSB, 2011

Irritable Bowel Syndrome (IBS) is a prevalent disease around the world. It is estimated that 10%-20% of the general population suffered from the disease, regards to standard scales like ROME II.1,3 It is about 2 times more prevalent in women compared to men and it is difficult differentiating from celiac disease. Celiac is a type of mal-absorption in small intestinal which is caused in genetically predisposed individuals exposed to gluten-contained regimen.1

Studies in European countries showed that more than 1% of general population has celiac disease.4,5 Recent advances in diagnostic methods and achievement to diagnostic tests with high sensitivity and specificity result in higher prevalence of the celiac disease than what was estimated before and can be presented with atypic or non-gastrointestinal symptoms. Symptoms of the disease can be similar to IBS, thus celiac patient may be treated as IBS. Recent studies have been reported increasing the prevalence of celiac in IBS patients compared to normal population.3

Celiac serologic tests are not requested routinely in IBS patients. Celiac disease is treatable and recovered with gluten-free diet; therefore this study was designed to determine the prevalence of celiac in IBS patients to decide about considering this in lab test requests for IBS work-up.

This case-control study was done on IBS patients (diagnosed by ROME II criteria) referred to gastrointestinal clinic during a 2-years period (2006-2008) and including in the study voluntarily. IBS patients were labeled when other laboratory tests were reported normal (Na, K, Bun, Cr, CBC, ESR, T₃, T₄, T₃RU and colonoscopy & sigmoidoscopy in patients older than 50 years-old) (2006-2008), no one had positive tTG-Ab in IBS patients. According to the wide variation in the prevalence of celiac disease exists between different setting with different characteristics of patients and various serological tests, now it is the time to decide about considering celiac serologic tests in suspected IBS patients, keeping in mind these controversies.

Due to the AGA guidelines and recent publication of the ROME working team, serologic tests for CD in the work up of all IBS patients is not recommended. Clinical characteristics and prevalence of CD in the studied region are among the indicators which is suggested by ROME III to be considered when IBS patient is referred to Gastroenterology clinic.3

As it has been discussed in other studies,11 physician clinical judgment is the cornerstone of making decision about referring IBS patient for CD lab test.

**Acknowledgements**

Authors tend to thank Mr.Kiaii, Mr.Mirzamahmoodi, Mrs. Hashemi nasab and Mrs.Mirkarimi for their assistant in interviewing the subjects and performing lab tests. This paper was the result of a research project done as a thesis of Doctorate grading in collaboration of Golestan Medical University, Deputy of research.

**References**


