

## How to Make a Celiac Disease Diagnosis

Testing for celiac disease usually includes a combination of history and physical exam (clinic appointment) with a thorough review of your child's symptoms. To complete our diagnosis, we perform one or more of the following tests.

### Endoscopy

An upper endoscopy with biopsy is our first choice and the gold standard for diagnosing and confirming celiac disease. In an endoscopy, while your child is asleep, an endoscope (a small camera the size of a pen with a light on the end) is placed into your child's mouth. It is then carefully moved down the throat into the esophagus, stomach, and small intestine. In this quick, short procedure, our doctors use the latest technology to produce high-definition photos and video that clearly show the health of your child's upper GI tract.

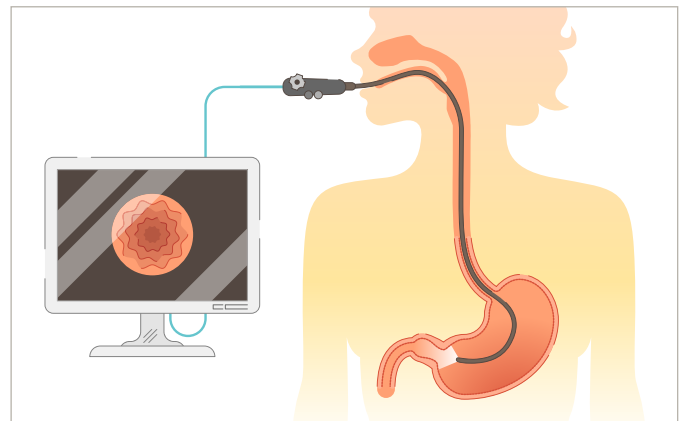
More important, the endoscope is equipped with a high-tech tool that enables our physicians—pediatric gastroenterologists with a specialty in celiac disease—to take biopsies (small tissue samples), which are then sent to the lab to confirm celiac disease (or another gastrointestinal condition that causes inflammation).

When performing an endoscopy for celiac disease, we take several biopsies throughout the upper GI tract to ensure accurate results. The procedure is completed in a child-friendly setting that promotes calm through immersive entertainment, with pediatric-trained anesthesiologists for the utmost safety.

#### Procedure Facts:

- Endoscopy for celiac disease is very similar to general endoscopy, except that it requires gluten ingestion prior to the procedure.
- Without gluten in your child's system, the test loses accuracy.
- Your child will need to regularly ingest gluten approximately four to six weeks prior to the test to avoid a false negative.
- We do not want to make your child uncomfortable given the gluten challenge, so please let us know if your child becomes sick during this time.
- We may adjust timing of endoscopy in these cases in consultation with your GI provider or physician.

Occasionally, we will follow an upper endoscopy with a capsule endoscopy. The capsule endoscopy is not used to diagnose celiac disease. Rather, it's used to show the full extent of celiac disease throughout the small intestine, since the endoscope only reaches the top part of the small intestine. A large pill-shaped capsule is swallowed by your child and tracked for eight hours before it is naturally expelled. This easy, minimally invasive tool contains a micro-camera that sends video clips and high-definition photos to a device worn on your child's belt. It works best for older children who can swallow a large pill.



## Blood Testing

If your child is still actively eating gluten, we can use blood testing to detect antibodies (proteins in the blood that respond to foreign substances) for the diagnosis of celiac disease. People with celiac disease have higher levels of antibodies in their blood than those without celiac. We also follow these antibodies closely after the diagnosis of celiac disease.

Some of the antibodies we may test for in diagnosing your child would include:

- Tissue transglutaminase IgA and immunoglobulin A level
- Endomysial antibody
- Anti-deamidated gliadin peptide

Please note that blood testing is less accurate if you are already on a gluten-free diet.

## Genetic Testing

Genetic testing can be helpful, although it is important to know that a large percentage of the population has the genes for celiac disease without actual signs of the disease. That said, genetic testing can confirm that one is truly susceptible to celiac.

## Care Team



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## Location

The Celiac Disease Program, offered by our Pediatric Gastroenterology Service, is located at:

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