



پاکستانی سیلیک سوسائٹی
Pakistani Celiac Society
www.celiac.com.pk

All About Gluten-Free Lifestyle گلوٹن کے بغیر روزمرہ زندگی

NEWSLETTER

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MISSION STATEMENT

The Pakistani Celiac Society is a national, volunteer, non-profit organization dedicated to provide support and services to individuals and families with celiac disease and dermatitis herpetiformis through programmes of awareness, advocacy and education.

What is New?

Celiac disease can escape the watchful eyes of even the best clinicians. Delays in diagnosis remain common as awareness of this disease is still poor amongst health care professional and many patients do not present with the typical symptoms of abdominal pain, diarrhea and weight loss. One organ that can get affected in celiac disease is the skin. In this issue we will discuss "celiac disease of the skin" also called dermatitis herpetiformis.

Dermatitis Herpetiformis

Dermatitis herpetiformis is a chronic condition that presents with a blistering skin rash associated with severe itching and burning sensations. The word *derm* refers to skin and *itis* means inflammation. This *dermatitis* (skin inflammation) was called *herpetiformis* (herpes like) because it is blistering, just as what the herpes can cause. Herpes is a common virus that can cause blistering or pustular type rash (e.g. cold sores on the lips or corner of

the mouth). We now know that DH is not a herpes infection.

DH can occur anywhere on the body but it most commonly affects the elbows, knees, scalp, back of the neck, the upper back, and the buttocks. The rash tends to have a symmetric distribution i.e. the same size, location on both sides of the body. Constant scratching can cause the skin to break and bleed with secondary infections occurring commonly.



(Close-up of dermatitis herpetiformis lesions)
Taken from www.urac.org

A variety of skin diseases can cause a rash so how can one tell that the rash is due to DH and not something else like eczema or a skin infection. There are two aspects to consider. Firstly, the rash of DH is intensely itchy. It is one of the most itchy skin conditions described and there is probably no other rash that is so itchy. Secondly, the rash of DH is chronic and often does not resolve with treatments. Using steroid creams and ointments may improve the rash but it tends to return quickly once the medication is stopped. These two factors should make the patient and the physician alert that one may be dealing with DH.

About 10% of patients with celiac disease have DH. It is seen more commonly in males. The onset of DH is usually in the late second to the fourth decades of life. This disorder is rare in children. Genetic factors, the immune system and sensitivity to gluten seem to play a role in causing DH. The disease develops suddenly and may last from weeks to months. Diagnosis is often delayed because nobody thinks of DH as the cause of the problem.

Most patients with DH have few or no bowel complaints. Only a small number have abdominal pain, bloating and diarrhoea. Thyroid abnormalities and other autoimmune diseases occur more frequently in these patients.

DH can be diagnosed effectively with a skin biopsy. The biopsy needs to be performed carefully and should be taken next to a blister and not of the lesion itself. Granular IgA antibody deposits on histology are unique to DH and confirm the diagnosis.

The vast majority (80%) of patients with DH have abnormalities of the small intestinal mucosa (lining) similar to those in patients with celiac disease. There is varying degrees of villous atrophy present. The TTG antibody which is present in most patients with untreated celiac disease may or may not be positive as it correlates with the severity of the bowel lesion which may be absent in some patients. Most patients with DH do not need a small intestinal biopsy as the skin biopsy can confirm the diagnosis. Some patients may require an intestinal biopsy to reinforce the diagnosis and the need for a gluten-free diet.

The treatment of DH includes topical and oral medications (Dapsone and others) and a strict gluten-free diet. The response to oral Dapsone is usually quite dramatic with the itch settling down quickly. The resolution of skin lesions can be slow in some patients.

The medications only relieve the symptoms of DH and do not address the underlying cause which is gluten ingestion. The gluten-free diet is the main stay for successful long-term treatment of this disorder. Like celiac disease, the gluten-free diet must be followed strictly and for life.

Accidental Gluten Ingestion: What to do?

Patients with celiac disease, dermatitis herpetiformis and any other gluten-related disorder should remain on a strict gluten-free diet. However, in real life this may not be always possible and consumption of gluten-containing foods or drinks may occur by mistake.

A frequently asked question is what to do when one finds out that gluten has been ingested. The simple answer is "NOTHING". While many patients get symptoms (commonly vomiting, abdominal pain or diarrhea) after accidental gluten ingestion, there is not much one can do except to let the problem run its course. A variety of remedies have been tried but there is no evidence that any of them work. No need to take Gripe Water. Do not try to induce vomiting. Laxatives should certainly be avoided. Fortunately, the symptoms tend to resolve quickly in most cases.

The episodes are good reminders to be vigilant with the gluten-free diet.

Have a Question?

If you have a question about celiac disease or gluten-free diet, we will do our best to answer it

Joining Hands



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