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Case Report / Olgu Sunumu

Geriatric Celiac Disease: An Overlooked Diagnosis

Geriatrik Çölyak Hastalığı: Gözden Kaçan Tanı

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ABSTRACT

Celiac disease is a common immune-mediated enteropathy with a prevalence of 1% in general population. It is mostly identified in early adulthood, therefore the diagnosis of new-onset celiac disease in the geriatric population can be challenging. Herein we report a case of celiac disease in a 73 years old geriatric patient who was referred with haematinic deficiency and macrocytic anemia. This rare case will help to raise awareness of celiac disease in geriatric patients and diagnostic processes among family physicians. Also, we emphasize the importance of gastrointestinal tract evaluation for older patients presented with anemia.

Key words: Celiac disease, anemia, geriatric

ÖZET

Çölyak hastalığı %1 prevalansı ile yaygın görülen immün-aracılı bir enteropatidir. Genellikle çocukluk ve genç erişkinlik döneminde tanı aldığı için; daha nadir görülen yaşlı nüfusta Çölyak hastalığı tanısı gözden kaçabilmekte ve zorlukla konabilmektedir. 73 yaşında makroskopik hafif anemi ile başvuran ve Çölyak hastalığı tanısı konan geriatrik hastamızı sunuyoruz. Bu nadir vaka ile aile hekimliği pratiğinde karşılaşılabilecek geriatrik Çölyak hastalarına tanısal yaklaşımdaki farkındalığı arttırmayı ve anemi ile başvuran yaşlı hastalarda gastrointestinal değerlendirilmenin önemini vurgulamayı hedefledik.

Anahtar kelimeler: Çölyak hastalığı, anemi, geriatrik

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INTRODUCTION

Celiac disease is a common immune-mediated enteropathy with a prevalence of 1% in general population.¹ It is mostly identified in early adulthood, therefore the diagnosis of new-onset celiac disease in the geriatric population can be challenging. There are some major points to increase awareness and reduce the diagnostic delay in the elderly people. Herein we report a case of celiac disease in a geriatric patient referred with haematinic deficiency and macrocytic anemia. We also aim to emphasize the importance of gastrointestinal tract evaluation for older patients presented with anemia.

CASE REPORT

A 73-years old male patient admitted to our department with complaints of fatigue and dyspepsia for etiological evaluation of haematinic deficiency and macrocytic anemia. He had these findings for years and no diagnosis; only replacement treatments for iron, folate and vitamin B12 when needed. He had no comorbidities, smoking or alcohol history. His physical examination was normal. Lab results of the patient have been presented in table 1.

Table 1. Lab results of the patient

Finding	Patient	Reference value	Finding	Patient	Reference value
White blood cell count x10 ³ /μL	5,67	4,7-6,0	Tissue transglutaminase Ig A	4,403Positive	Negative
Red blood cell count x10 ⁶ /μL	3,61	4,7-6,0	Tissue transglutaminase Ig G	1,564 Positive	Negative
Hemoglobin, g/dL	12,9	13,5-18,0	Ferritin, ng/mL	21,3	21,81-274,6
Hematocrite	37,3	42-54	Folate, ng/mL	1,2	4,5-20,5
Mean corpuscular volume, 10 ³ fL	103	78-100	Vit B12, pg/mL	222	300-883
Platelets x10 ³ /μL	310	150-450	Iron, μg/L	48,9	50-150
Urea, mg/dL	28	15-44	Total iron binding capacity, mcg/dL	326,7	300-883
Creatinine, mg/dL	1,04	0,6-1,4	Calcium, mg/dL	8,4	8,4-10,6
ALT, U/L	42	5-40	Magnesium, mg/dL	2,2	1,8-2,5
AST, U/L	38	5-40	Phosphor, mg/dL	2,9	2,7-4,5

Upper endoscopic examination revealed typical changes of celiac disease on the duodenal mucosa as mosaic pattern and scalloping of the duodenal folds (Figure 1). Duodenal biopsies showed complete villous atrophy with intraepithelial lymphocyte infiltration. After the diagnosis; a gluten-free diet has begun and he responded very well. His complaints regressed in a few weeks and anemia improved collectively. While these procedures; other comorbidities have been excluded; colonoscopy and thoracoabdominal computerized tomography resulted with no pathological finding.



CONCLUSION

Awareness of celiac disease in elderly adults are increasing steadily, but the diagnosis is still mostly delayed in this age group. The major reason of this is nonspecific symptoms and signs in the elderly; as the only symptom at presentation may usually be micronutrients deficiency.² And when anemia is detected in an old patient; it is crucial to evaluate gastrointestinal etiology.³

But it may also present with atypical features or severe complications. The presence of long-standing cachexia, iron deficiency or folate anemia, severe osteoporosis must suggest that the patients have an undiagnosed form of the celiac disease for many years. Although the diagnosis of celiac disease can require characteristic serological tests, histological findings, and positive response to a gluten-free diet; the most important factor is suspicion in the elderly group.⁴ We expect that this case will help to raise awareness of celiac disease in geriatric patients and diagnostic processes among physicians.

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