Response to the letter to the editor: Not everything is celiac disease

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I thank you in advance for your interest in the clinical case *Celiac disease, a silent enemy: a case report*[(1)]. I consider of great relevance the contribution and the profound academic discussion on the diagnostic challenge of an underdiagnosed pathology, based on the sum of clinical, paraclinical and histological criteria, which allow for a comprehensive approach. Unfortunately, at present, there are no diagnostic scales for celiac disease and there are few national and local studies on celiac disease.

It is worth noting that, according to the literature, the clinical presentation of the exposed patient is highly suggestive of celiac disease, as it presents a malabsorption syndrome (iron-deficiency anemia, chronic diarrhea, weight loss, vitamin deficiencies, hypertransaminasemia, chronic pancreatitis, depression, among others). As for the paraclinical tests, and despite the upper limit titers of anti-transglutaminase antibodies, it is important to remember their high sensitivity and specificity for the diagnosis of celiac disease together with the other clinical and histological criteria. The anti-endomysial antibodies and histocompatibility markers HLA-DQ2 and HLA-DQ8 are pending authorization from the patient's health benefit plan administrator. In relation to the histological findings, it should be noted that the prevalence of celiac disease diagnosed by biopsies is approximately 0.7%, which would not exclude the diagnosis in the absence of villous atrophy.

Finally, it is worth mentioning that during the follow-up of the case, the patient reported that, to date, the management that has most positively impacted the improvement of her symptoms has been a gluten-free diet, which would support the diagnosis of celiac disease.

We appreciate your comments and will take them into account for future publications.

REFERENCE

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