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Letters to the Editor

Avoiding biopsy in iron deficiency anemia is not a cost-effective approach

Key words: Coeliac disease. Anaemia. Serology. Histology. Diagnosis.

Dear Editor,

Disappointingly, the recently published iron deficiency anemia (IDA) guidelines (1) fail to take into account the strong data on seronegative (2-4) celiac disease (CD) and end up in inappropriate advice. According to several studies the prevalence of seronegative patients is much higher than that reported in these guidelines, and it is well known that relying only on antibody testing, even the most sensitive and specific tests can miss at least one in 5 celiac patients. Thus, taking biopsy samples only from antibody positive individuals goes against the evidence behind pitfalls in screening for CD (2-5). Serology and histology could also be negative, patchy, mild, and even normal.

The study this guideline bases the judgment on is poor and non representative, and far from the true prevalence of IDA in CD. In the real world, taking into account the proportion of those cases with negative serology there should be a much higher association between CD and IDA (6). We already know that serology is mainly positive and correlated with severe mucosal abnormalities (2) (Fig. 1) and that most cases present with mild mucosal changes and less antibodies. However, milder enteropathy does not mean less symptoms, as malabsorption is an inflammatory process and does not correlate with mucosal abnormalities at all (7,8). This is the reason why there are over 500.000 undiagnosed celiac patients in the United Kingdom. Avoiding the biopsy in anemic patients who will have gastroscopy as a part of diagnostic work up is not cost effective and may lead to serious delay in diagnosis of seronegative CD patients (8), impair their life quality, and lead to more expensive tests repeating in a vicious circle of ignorance.

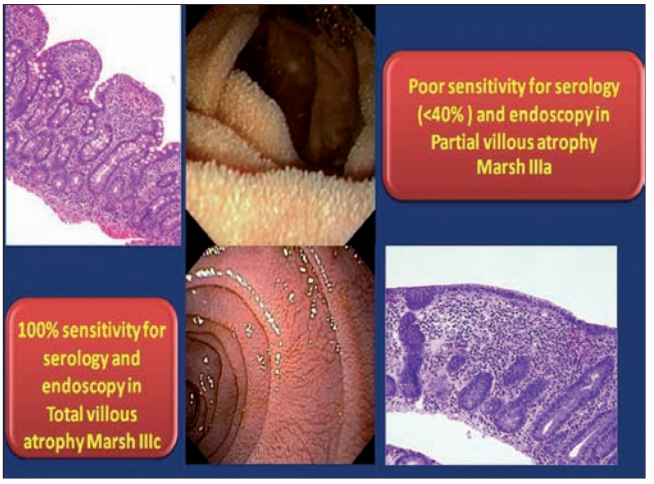

Fig. 1. Most celiac patients present with atypical form with milder enteropathy. Serology and endoscopy both have a poor sensitivity in patients with milder enteropathy (Marsh 0-IIIa).

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