

A curious case

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CE symposium

2018

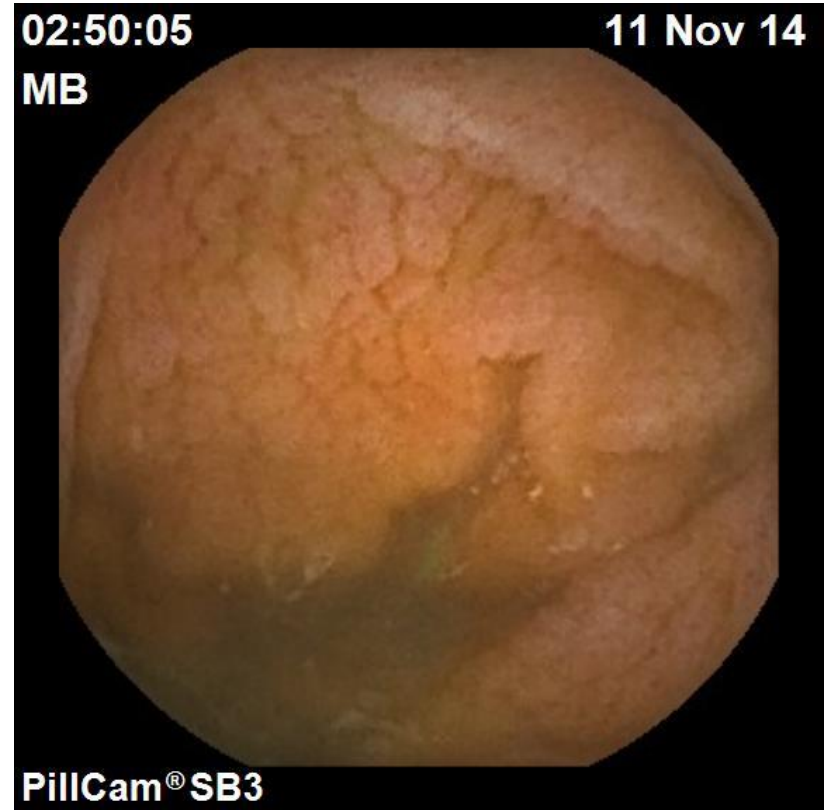
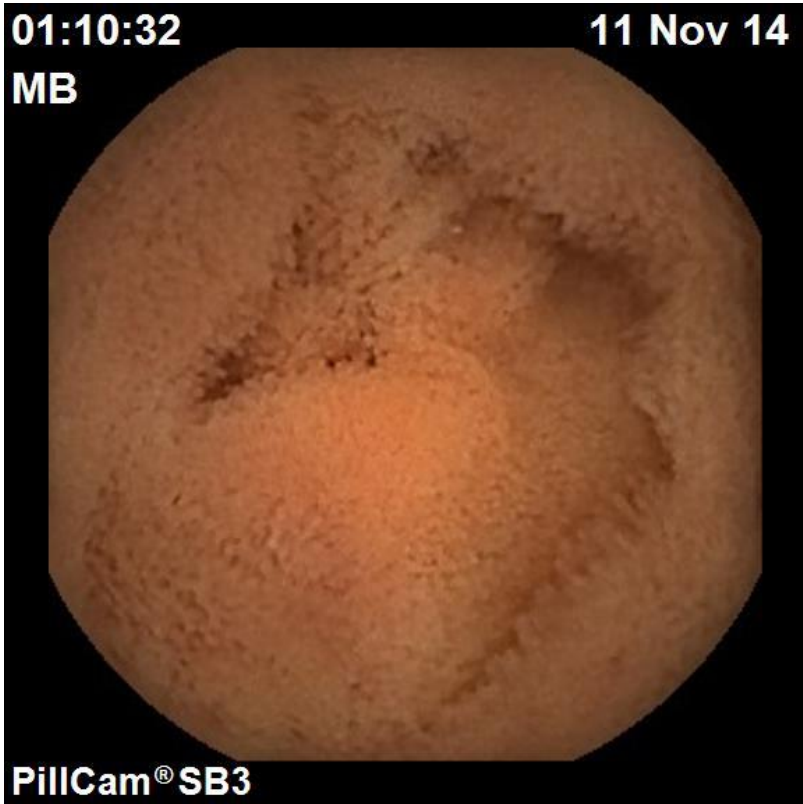
Mrs MB

- 60 ys old female teacher
- Long hx of chr intermittent diarrhoea
- No red flags
- ? Improves on GFD
- Daughter on GFD
- No medication
- Once used steroids for chest inf., the diarrhoea improved
- No travel hx

Work up

- General bl test, malabsorption, normal
- CD sero neg, genetic pos
- OGD, mild IEL on D2 & D1 Bx
- Colon Bx normal
- TI Bx , severe villous atrophy

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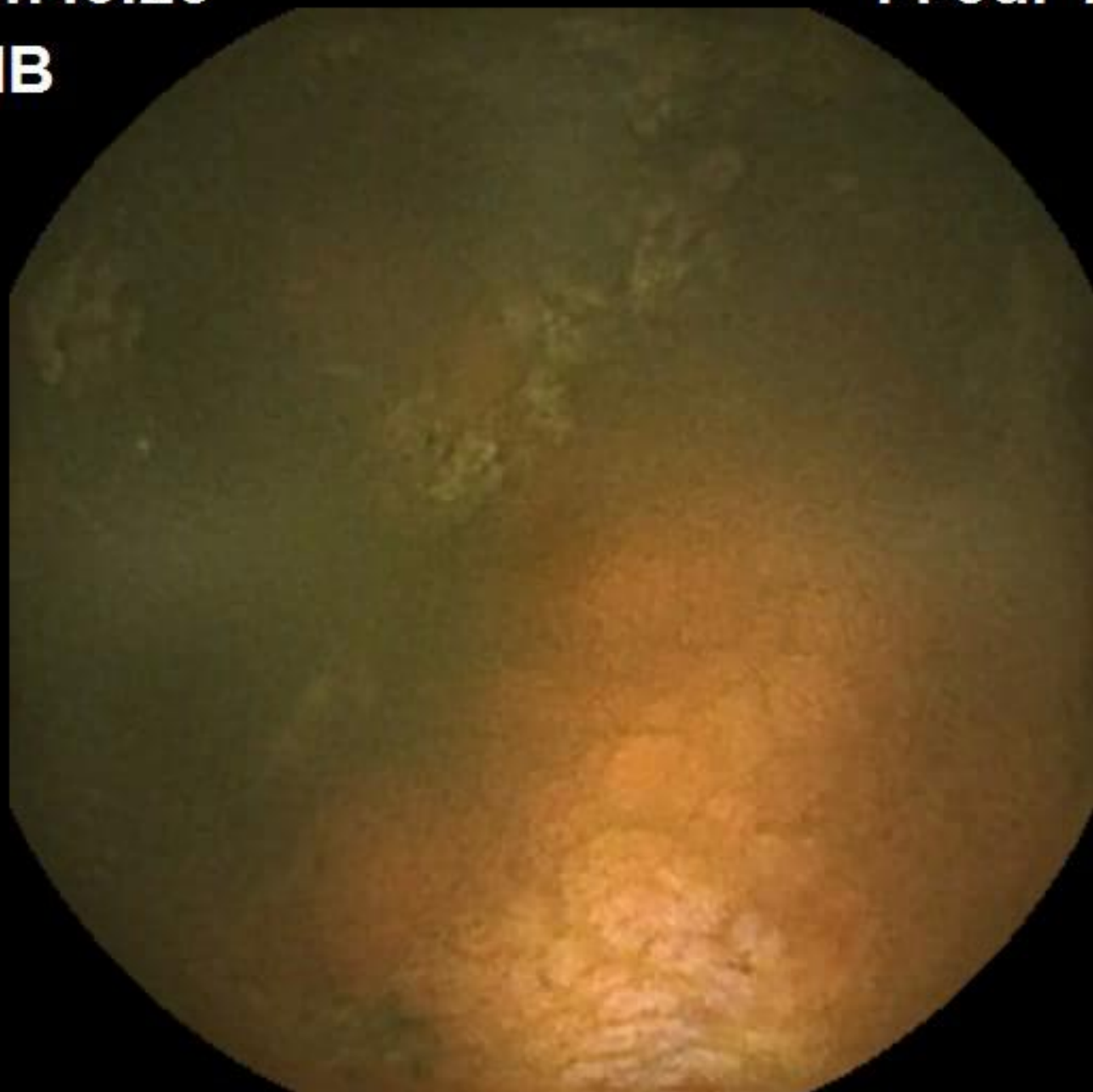
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- On GFD:
 - Significant improvement
 - Diarrhoea almost disappeared
 - Once a month will have one day with 3-4 episodes
 - Lethargy disappeared
- Is this CD?

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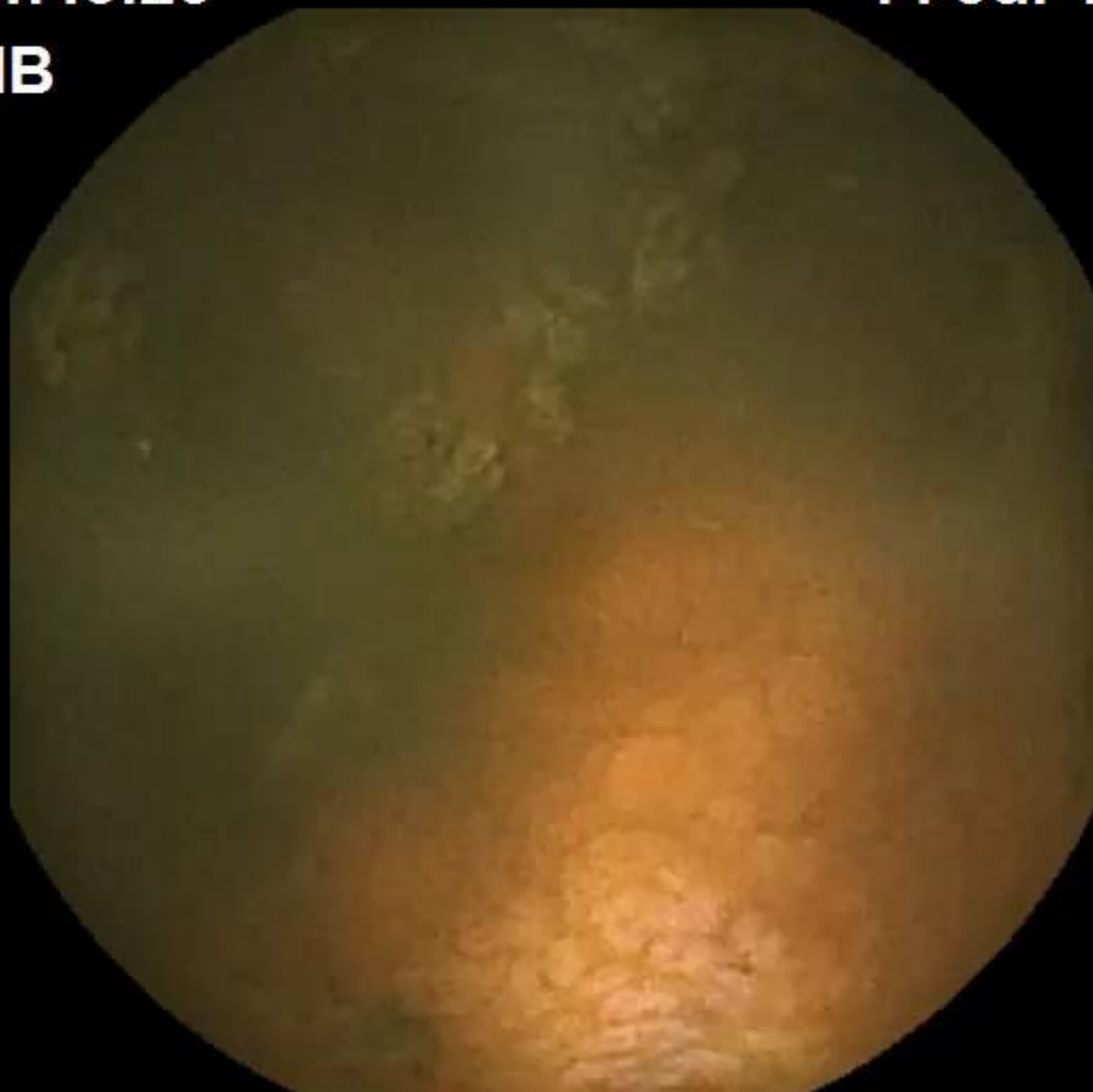


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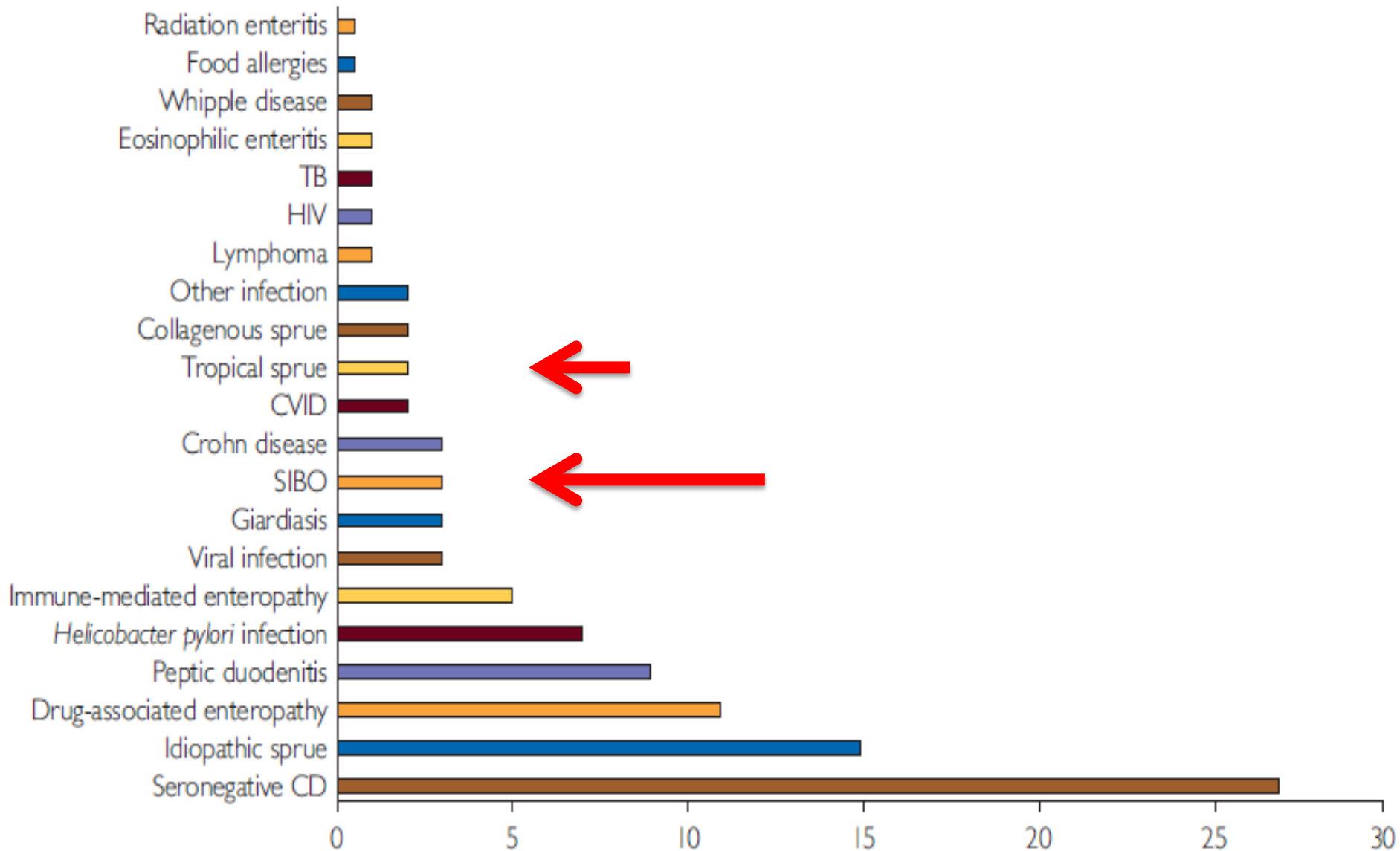
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Non coeliac villous atrophy



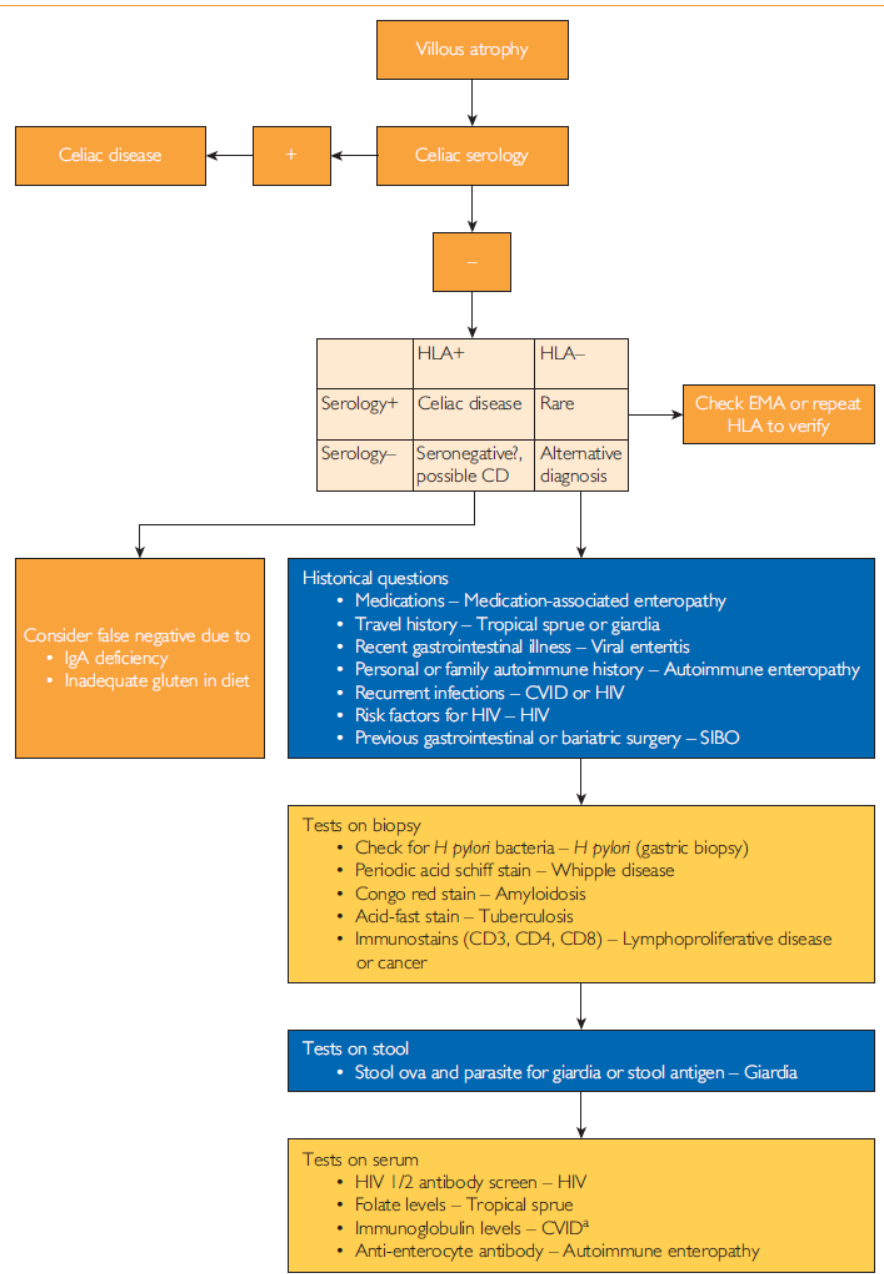


FIGURE 2. Villous atrophy algorithm. CD = celiac disease; CVID = common variable immune deficiency; EMA = endomysial antibody; HIV = human immunodeficiency virus; HLA = human leukocyte antigen; *H pylori* = *Helicobacter pylori*; SIBO = small intestinal bacterial overgrowth. ^aRituximab has been associated with a form of CVID.

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20 Jun 18

MH



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Possible diagnosis

- Distal SIBO,,,, but no risk factors
- Difficult to diagnose
- Jejunal aspirate, breath testing not helpful
- No capsule endoscopy data
- Improves on low carb diet

Conclusion?!

- Not every villous atrophy is coeliac
- The devil is in the histology
- Watch for lymphoma
- Low threshold to use capsule endoscopy
- Always intubate the TI and take Bx
- We should collect cases

References

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