NHS LOTHIAN DIETETIC-LED COELIAC PATHWAY

GP or SECONDARY CARE	**INITIAL TEST POSITIVE TTG-IGA or POSITIVE TTG-IGG** **TTG-IGA >4.5 U/mL OR TTG-IGG >10 U/mL**

e-REFERRAL REQUIRED:
>16 y: NHS LOTHIAN COELIAC SERVICE
<16 y: NHS LOTHIAN PAEDIATRIC COELIAC SERVICE

TTG-IGA 4.5–19.9 U/mL	**TTG-IGA 20 – 200 U/mL** **TTG-IGG >10 U/mL**	**TTG-IGA >200 U/mL**

RETEST IN 3 MONTHS

TTG-IGA <4.5 U/mL NORMAL

NOT COELIAC

CONSIDER OTHER DIFFERENTIAL

TTG-IGA >4.5 U/mL ELEVATED

TEST 2 TTG-IGA 4.5 – 200 U/mL OR >200 U/mL AND ASYMPTOMATIC

TEST 2 TTG-IGA >200 U/mL AND SYMPTOMS*

OGD AND BIOPSY MUST HAVE STANDARD BIOPSIES (2 X D1 & 4 X D2 IN SEPARATE POTS) REPEAT COELIAC SEROLOGY AND OTHER BASELINE BLOODS AT TIME OF OGD

BIOPSY DIAGNOSIS

COELIAC DISEASE CONFIRMED

NO-BIOPSY DIAGNOSIS

COELIAC DISEASE CONFIRMED†

LOTHIAN COELIAC SERVICE
SCOTTISH DIETETIC CD PATHWAY

*SYMPTOMS CONSIDERED CONSISTENT WITH CD DIAGNOSIS (NICE NG20)
1. IF NO SYMPTOMS CONSIDER REPEAT TTG-IGA IN 6/12
2. AT-RISK GROUPS (I.E. T1DM) NEED TO BE CAREFULLY CONSIDERED AS TO WATCH&WAIT AND REPEAT OR ENDOSCOPY AS FALSE +VE SEROLOGY MORE COMMON AND MAY SPONTANEOUSLY NORMALISE
3. POTENTIAL RED FLAG PATIENTS NEED TO BE CONSIDERD ADDITIONALLY FOR OTHER PATHWAYS E.G. OVER AGE >50 OR IF COELIAC AND PERSISTENT SYMPTOMS AT 3/12 CD SERVICE REVIEW
4. ALL IGA DEFICIENT PATIENTS MUST HAVE ENDOSCOPY FOR SYMPTOM RESOLUTION
5. IS THE PATIENT FIT FOR ENDOSCOPY? IF NOT, CONSIDER ON A CASE-BY-CASE BASIS

†No-biopsy diagnostic protocol valid only for symptomatic patients <40 y
>40 y patients may qualify but must be referred to GI
Patients <40 y with iron deficiency anaemia, change in bowel habit, mass on examination, passing blood in the stool should also be referred to GI

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