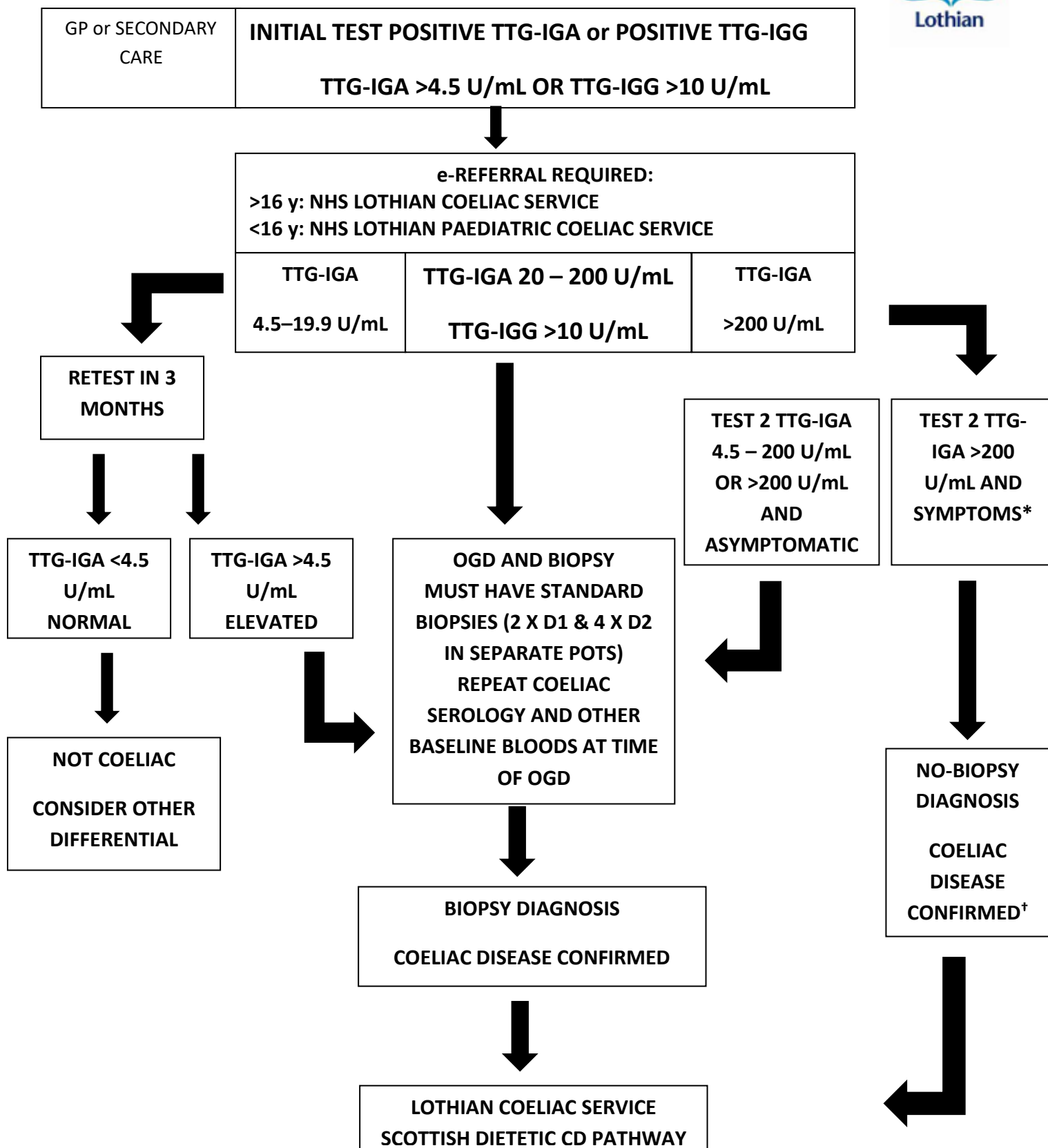




*SYMPTOMS CONSIDERED CONSISTENT WITH CD DIAGNOSIS (NICE NG20)

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 CONSIDERED 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