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**Clinical outcomes of potential coeliac disease**

*Shiha MG, Schiepatti A, Maimaris S, et al. Clinical outcomes of potential coeliac disease: a systematic review and meta-analysis. Gut 2024;73:1944-1952. doi: 10.1136/gutjnl-2024-333110.*

This review and meta-analysis looked at 17 studies involving 1,010 patients with potential coeliac disease (PCD). It found that 16% of people suspected to have coeliac disease actually had PCD. Of those who kept eating gluten, about a third went on to develop villous atrophy, while another third experienced normalisation of their blood test results

Diagnosing PCD isn’t straightforward and varies between studies. It generally involves positive coeliac serology but no signs of villous atrophy. Accurate diagnosis relies on proper testing, enough gluten intake before testing, and following recommended biopsy procedures. Taking duodenal bulb biopsies improves the accuracy of detecting coeliac disease and reduces the chance of mistaking it for PCD

Certain factors make progression from PCD to full-blown coeliac disease more likely, such as ongoing symptoms, persistently positive tests, older age at diagnosis, and specific markers like anti-TG2 (Type 2 tissue transglutaminase) deposits. Younger children under 3 years have a much lower risk of progression compared to older children and adults. People often discover they have PCD through screening, especially if they’re at higher risk, like those with type 1 diabetes or close relatives with coeliac disease

Even though PCD is less likely to cause severe nutritional issues compared to coeliac disease, symptoms can be just as troublesome. Most people with PCD see significant improvement on a gluten free diet, even if there’s no clear intestinal damage. This highlights the importance of recognising the broader effects of gluten-related disorders.

The study suggests we should rethink how we describe PCD, moving away from “potential” to something that better captures its complexity. It also emphasizes the importance of tracking blood test trends over time to avoid unnecessary lifelong GFDs for some patients.