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**New Entity of Adult Ultra-Short Coeliac Disease**

Raju S, Greenaway E, Schiepatti A, et al. [New Entity of Adult Ultra-Short Coeliac Disease: The First International Cohort and Case-Control Study.](https://gut.bmj.com/content/73/7/1124) Gut 2024;73: 1124-1130. doi: 10.1136/gutjnl-2023-330913.

Coeliac disease (CD), an autoimmune disorder where the ingestion of gluten leads to damage in the small intestine, is traditionally diagnosed by villous atrophy in the second part of the duodenum (D2) and positive serological markers. This study by Raju et al., introduces a new form, Ultra-Short Coeliac Disease (USCD), where the damage is limited to the duodenal bulb (D1).

Conducted across 10 international tertiary hospitals, this study involved 137 patients with USCD and compared them with age- and sex-matched individuals with conventional CD. Key findings showed that USCD patients were younger (median age 27 vs. 38 years, p<0.001) and had lower immunoglobulin A-tissue transglutaminase (IgA-tTG) titres at diagnosis (1.8× ULN (upper limit of normal) vs. 12.6× ULN, p<0.001). Both groups reported a similar number of symptoms (median 3), but USCD patients had less iron deficiency (22.4% vs. 41.8%, p=0.006). Immunophenotypic analysis revealed comparable intraepithelial lymphocyte patterns in both groups, with lymphocytes positive for CD3 (cluster of differentiation 3) and CD8 (cluster of differentiation 8), but not CD4 (cluster of differentiation 4).

Over a median follow-up of 1181 days, patients on a gluten-free diet (GFD) saw similar improvements in IgA-tTG levels and symptoms (95.7% of USCD vs. 89.1% of conventional CD patients, p=0.115). Among USCD patients, 79.6% reported partial improvement, and 16.1% experienced complete symptom resolution.

The study highlights the need for including D1 biopsies in CD diagnosis, particularly in younger patients, to accurately identify USCD. Despite lower serological markers, USCD patients benefit significantly from a GFD, underscoring the importance of precise diagnosis and targeted dietary management. Recognising USCD can significantly improve patient outcomes and optimise treatment strategies.