

Eksokrinska insuficienca pankreasa pri bolnikih s celiakijo

Exocrine pancreatic insufficiency in patients with celiac disease

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UVOD

Povezava med celiakijo (CD) in eksokrino insuficienco pankreasa (EPI) je bila prvič opisana leta 1957. Od takrat je bilo z različnimi diagnostičnimi metodami opravljenih mnogo raziskav. Cilj študije je bil ugotoviti, ali je pri naših bolnikih s CD prisotna EPI. Prikazujemo prve podatke.

BOLNIKI IN METODE

Eksokrino funkcijo pankreasa smo določili s koncentracijo elastaze-1 v blatu (E1). Blago insuficienco smo definirali pri koncentraciji $E1 < 200 \mu\text{g/g}$, pomembno pa pri koncentraciji $< 100 \mu\text{g/g}$. Diagnozo CD smo postavili z določitvijo IgA protiteles proti tkivni transglutaminazi (IgAtTg) v serumu in potrdili z odvzemom biopsije iz dvanajstnika. Preiskovance smo razdelili v tri skupine: A – novoodkrita CD; B – bolniki z znano CD na brezglutenski dieti; C – bolniki z znano CD na normalni prehrani (zavračajo dieto). Pridobljene podatke prikazujemo številčno (procenti) oziroma s srednjo vrednostjo \pm standardna deviacija.

INTRODUCTION

Since 1957 when it was first reported the association between celiac disease (CD) and exocrine pancreatic insufficiency (EPI) was a topic of many researches in which different diagnostic methods were used. The aim of our study was to determine whether exocrine pancreatic function is impaired in patients with CD in our population. We are presenting preliminary results.

PATIENTS AND METHODS

Pancreatic exocrine function was determined by the fecal elastase-1 concentration (FEC) and insufficiency was classified as moderately (FEC $< 200 \mu\text{g/g}$) or severely impaired (FEC $< 100 \mu\text{g/g}$). CD was diagnosed by serologic testing using IgA anti tissue transglutaminase antibody (IgAtTg) and small bowel biopsy using Marsh classification. Patients were divided into three groups: A - newly diagnosed CD; B - known CD patients on a gluten-free diet (GFD) and C - patients with known CD on a normal diet (those who refused medical advice). Data are shown as numerous (%) and mean \pm standard deviation.

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REZULTATI

Trenutno je v raziskavo vključenih 46 bolnikov, 34 žensk (73,9 %) in 12 moških (26,1 %). Starost preiskovancev je $44,4 \pm 17,0$ let (od 20 – 76), trajanje CD pa $5,8 \pm 7,8$ let. 13 bolnikov (28,3 %) je po klasifikaciji po Marshu razvrščenih v tip 3; 9 (19,5 %) v tip 2; 8 bolnikov (17,4 %) v tip 1; 16 pa je po Marshu nerazvrščenih (ni podatka o histologiji v medicinski dokumentaciji). Pri večini vključenih preiskovancev ($n=37$; 80,4 %) gre za znano CD na brezglutenski dieti, manj je novoodkritih ($n=5$; 10,9 %), najmanj pa tistih, pri katerih je CD že znana, a zavračajo dieto ($n=4$; 8,7 %). E1 je bila znižana pri dveh bolnikih (4,35 %): zmerno znižana (E1 131 $\mu\text{g/g}$) pri 69 – letnemu moškemu z novoodkrito CD Marsh 1 in pomembno znižana (E1 63 $\mu\text{g/g}$) pri 24 – letni ženski z znano CD Marsh 3 na brezglutenski dieti.

ZAKLJUČEK

EPI se pri naših bolnikih pojavlja redkeje, kot je bilo opisovano v prejšnjih študijah. Kljub temu imajo rezultati lahko pomemben klinični vpliv. Spremljanje pacientov s CD bi moralo vsebovati tudi oceno eksokrine funkcije pankreasa.

RESULTS

There are currently 46 patients included in the study, 34 (73.9 %) female and 12 (26.1 %) male, mean age 44.4 ± 17.0 years (range 20-76). Mean duration of CD was 5.8 ± 7.8 years. There were 13 (28.3 %) patients with Marsh 3 CD; 9 (19.5 %) patients with Marsh 2 CD; 8 (17.4 %) patients with Marsh 1 CD and 16 (34.8 %) Marsh non-classified patients (no histology data in medical records). The majority of patients had known CD on GFD ($n=37$; 80.4 %) followed by newly diagnosed CD ($n=5$; 10.9 %) and known CD without GFD ($n=4$; 8.7 %). FEC was reduced in 2 (4.35 %) patients: moderately reduced (FEC 131 $\mu\text{g/g}$) in 69– year-old male with newly diagnosed CD Marsh 1 and severely reduced (FEC 63 $\mu\text{g/g}$) in 24–year-old female with known CD Marsh 3 on GFD.

CONCLUSIONS

EPI occurred much less frequently than in previous studies. However, these results may have an impact on the daily work of the clinician. Routine follow-up of patients with CD should include evaluation of pancreatic exocrine function.