

Celiachia: dove si nasconde?

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Ecco un articolo con una struttura molto speciale: tutto sulla celiachia, quasi senza parole, solo con titoli, figure e con... voci bibliografiche. C'è tutto, o quasi. In fondo, è un aggiornamento monografico (su un problema ormai corrente).

Fino a poco tempo fa si ricercava la intolleranza al glutine nei soggetti che presentavano importanti sintomi gastrointestinali e gravi deficit nutrizionali.

Recentemente la disponibilità di metodi di screening immunologici ha permesso di identificare molti individui intolleranti definiti "asintomatici". Dunque è sorta l'ipotesi che, nella maggioranza dei casi, la celiachia non provoca alcun sintomo specifico: si tratta di persone in buona salute, che hanno la sfortuna di incappare in medici troppo solerti e "screenologi"!

Ma, rivedendo con cura le singole storie dei tanti "sintomatici", molti Autori hanno scoperto patologie sommersse, talora importanti, occasionalmente molto importanti. Ormai appaiono lavori intitolati "Celiachia asintomatica? O semplicemente non diagnosticata?", e molti medici dell'adulto pensano che la grande maggioranza dei casi diagnosticati "per caso" meritano in realtà un'attenta considerazione da parte dei medici curanti.

Sono dunque fiorite, negli ultimi anni, innumerevoli segnalazioni di sintomi e problemi clinici associati alla malattia; la lista è diventata così estesa da non avere alcun paragone in nessun'altra malattia.

All'interno di questa bella donna celiaca (vedi figura a pagina 438), in apparente buona salute o "asintomatica", possono celarsi una serie innumerevole di problemi clinici: per la maggioranza si tratta di sintomi, talora di patologie associate, altre volte di complicanze.

Nella stragrande maggioranza di

SEARCHING FOR COELIAC DISEASE: SIGNS, SYMPTOMS, COMPLICATIONS, ASSOCIATED DISEASE (Medico e Bambino 20, 437-447, 2001)

Key words

Celiac disease, Signs, Symptoms, Complications, Associated diseases

Summary

The article offers an overview, based on 329 bibliographic references, of coeliac disease. Typical as well as atypical presenting signs and symptoms are described. The main clinical features, the complications and the associated syndromes and diseases are listed, including all clinical conditions where investigating for possible coeliac disease as a possible underlying cause is recommended.

questi problemi vi è un'associazione causa-effetto con il glutine.

Non vi è dubbio, però, che alcune associazioni (soprattutto con malattie relativamente rare) possono essere dovute solo al caso: la celiachia infatti è così frequente (1% della popolazione) che può verificarsi frequentemente che chi soffre di un problema del tutto indipendente dalla celiachia possa poi manifestare anche la celiachia, questo sì "per caso".

Questo articolo nasce da una ricerca svolta identificando i lavori pubblicati negli ultimi sei anni (dal 1995 ad aprile 2001), che riportavano condizioni cliniche associate alla celiachia.

I lavori sono stati valutati, classificati per organo e apparato, e stratificati in:

- sintomi tipici;
- sintomi atipici;
- complicanze;
- patologia associata.

Sono stati poi accorpati i problemi clinici molto simili riportati da più Auto-

ri, ed eliminati i report veramente molto occasionali (un solo lavoro, legame con la celiachia molto improbabile).

Quindi abbiamo articolato il lavoro secondo l'organo-apparato coinvolto, la lista dei problemi ad esso riferiti, e la letteratura di riferimento a riguardo.

Ovviamente questo è un prodotto multimediale, da gestire in ipertesto, ma la stampa potrà fornire immediata soddisfazione a singoli quesiti, e anche un punto di riferimento da archiviare.

SINTOMI, COMPLICANZE E PATOLOGIE ASSOCiate

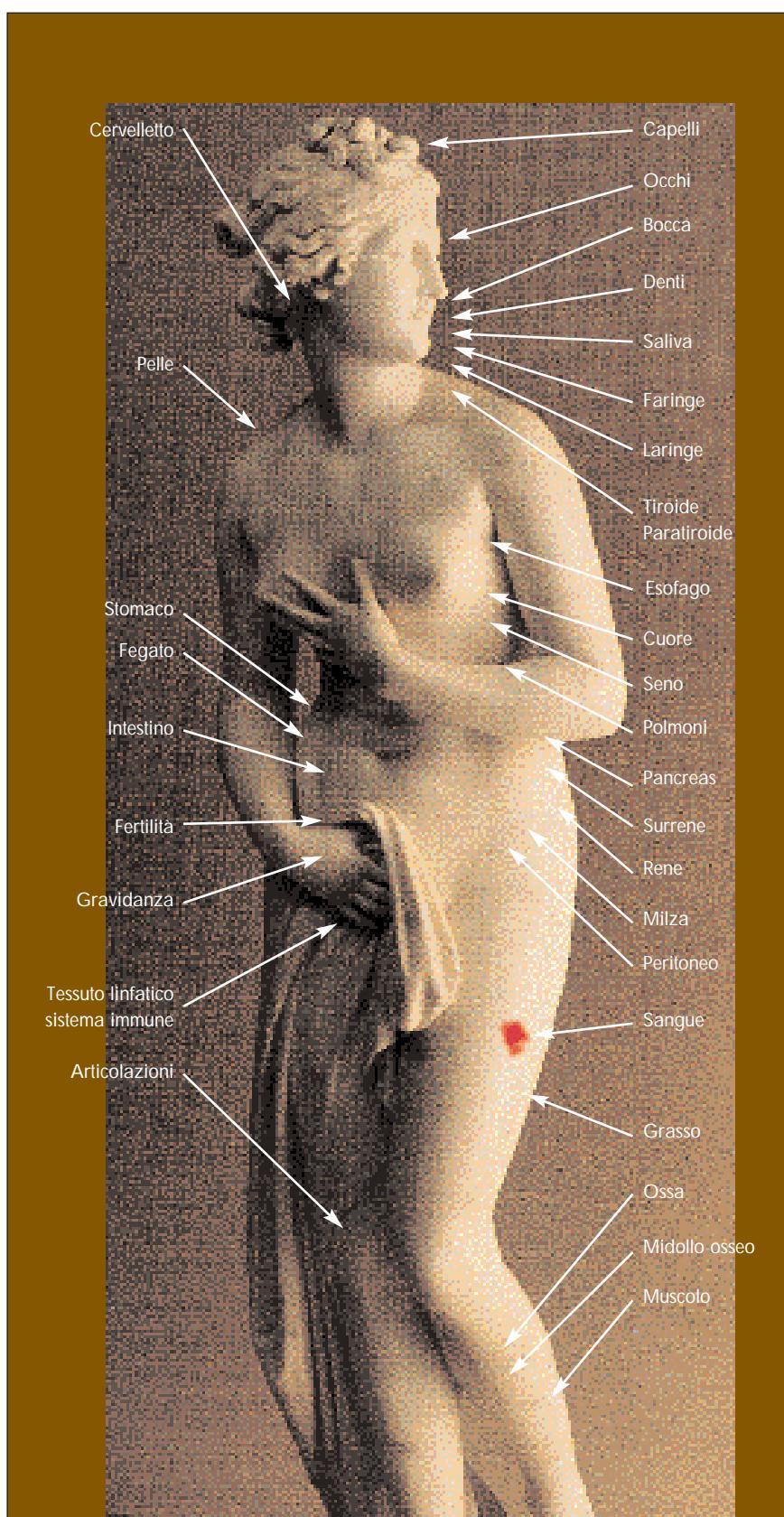
Legenda

s = sintomi

at = sintomi atipici

sa = sintomi o malattie non direttamente correlate, ma tra le quali la celiachia è frequente (> 5%)

pa = patologia di cui è riportata associa-



zione con legame patogenetico con almeno 5 casi descritti
co = complicazioni della malattia

CAPELLI



1. Alopecia (pa, sa) **14-17, 64**
2. Fragilità della struttura del capello (s) **48**

OCCHI



3. Uveite bilaterale (s) **225, 274**
4. Sindrome di Sjögren (pa) **2, 131, 183**

BOCCA



5. Ulcere buccali (s, pa) **40**
6. Patologia cronica della mucosa orale (s, pa) **36, 196**
7. Malattia di Behçet (pa) **199, 255**
8. Tumori di bocca-faringe-esofago (co) **1, 329**

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9. Composizione salivare alterata (at) **289**

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10. Lesioni specifiche e cronologiche dello smalto dentario (incisivi, canini,

premolari) (s) 217, 246

11. Lesioni dentarie carenziali (s) 1, 46, 198

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12. Carcinoma Post-Cricoido (co) 112

FARINGE

13. Tumori di bocca-faringe-esofago (co) 1, 329

14. Sindrome di Plummer-Vinson (pa) 112, 145

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15. Disfagia (sa) 170, 226, 256

16. Sindrome di Paterson-Kelly (pa) 317

17. Carcinoma esofageo (co) 138

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19. Alterazione della motilità gastro-esofagea (at, pa) 44, 60, 65, 207, 261

20. Gastrite follicolare (sa) 250

21. Ulcere gastriche (co) 160, 209

22. Gastrite linfocitica (sa) 43, 128, 132, 160, 181

23. Gastrite da *Helicobacter pylori* (sa) 148, 295, 300, 315

24. Ritardo dello svuotamento gastrico (at, pa) 65

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27. Gastroenterite con perdita di peso (s) 136

28. Dolore addominale (s) 95

29. Addome protuberante e globoso (s) 1

30. Micronoduli del bulbo duodenale (pa) 230

31. Digiunite ulcerativa e stenosi (co) 180

32. "Bubbly" duodenale (co) 179

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34. Colite ulcerativa (pa) 38, 118

35. Colite linfocitica (sa) 120, 283, 306

36. Colite collagenosica (co) 143, 306

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39. Alterazione della motilità del colon (at, pa) 278

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41. Sanguinamento occulto (co) 235, 316

42. Stipsi con fuci "insolite" (at) 95, 242

43. Carcinomi intestinali (co) 62, 132, 161, 168, 193, 210, 223

44. Linfoma intestinale (co, pa) 46, 62, 149, 167, 168, 218, 266, 287, 293

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49. Epatite autoimmune (pa) 2, 163

50. Dilatazione sinusoidale con iperplasia linfatica (s. di Castleman) (pa) 172

51. Malattia granulomatosa epatica (pa) 233

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- 77. Anemie da deficit vitaminico (s) 95, 236, 273
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- 112. Erythema elevatum diutinum (at, pa) 6, 7
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- 160. Debolezza muscolare (s) 1, 226, 276
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- 175. Ritardo del menarca (dopo 14 anni) (s) 25, 30, 31, 302
- 176. Aborto spontaneo (s, co) 1, 24, 25, 29, 30, 32, 33, 228, 286
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- 179. Disfunzione sessuale (co, s) 25, 39
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- 181. Basso peso alla nascita (s) 28, 33, 302, 319, 321
- 182. Ritardo della crescita intrauterina (co) 1, 27, 286
- 183. Puerperio complicato (co) 30, 185
- 184. Anemia grave in gravidanza (co) 1, 27, 321
- 185. Gravidanza complicata (co) 28, 30, 31, 228, 321



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- 186. Lupus ermatoso sistematico (pa) 2, 129, 213, 270
- 187. Malattia di Crohn (pa) 151
- 188. Sindrome di Down (pa) 1, 102, 108, 109, 202, 222, 305, 310, 311
- 189. Sindrome di Turner (pa) 103, 113, 140, 187, 260, 298, 299, 307
- 190. Sindrome di Williams (pa) 234, 280
- 191. Sindrome del 18q (pa) 117
- 192. Aberrazioni cromosomiche (pa) 182
- 193. Sindrome di Floating-Harbor (pa) 253
- 194. Poliendocrinopatia (pa) 73, 92
- 195. Sindrome di Sjögren (pa) 2, 131, 183

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- 196. Linfoma intestinale (co, pa) 46, 62, 149, 167, 168, 208, 218, 266, 293
- 197. Linfoma della tiroide (co, pa) 285
- 198. Linfomi extraintestinali (co) 12
- 199. Linfoma di Burkitt (co, pa) 264
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- 203. Malattie autoimmuni e connettive (pa, sa) 2, 46, 74
- 204. Sindrome da antifosfolipidi (pa) 157
- 205. Arterite di Horton (pa) 251
- 206. Deficit di IgA (pa) 1, 87, 140, 189, 203, 206, 214, 215
- 207. Immunodeficienze transitorie (pa) 1, 203, 206

N.B. Vanno considerate condizioni di rischio, che giustificano l'approfondimento diagnostico sierologico (EMA, TH.) le seguenti condizioni morbose:

PARASSITOLOGIA

- 208. Giardiasi recidivante
- 209. Giardiasi con deficit di IgA
- 210. Diarrea persistente da agenti infettivi

INFETTIVOLOGIA



- 211. Ritardo di guarigione di malattie infettive ordinarie
- 212. Sviluppo di ipoproteinemia durante malattie infettive
- 213. Perdita di peso inattesa durante la convalescenza di patologia infettiva (epatite, scarlattina, brucellosi, parotite ecc.)
- 214. Citomegalovirus (ulcere gastriche) (co, pa) 209

PEDIATRIA (in aggiunta alle precedenti)



- 215. Bambino che "perde percentili" di peso tra il primo e il secondo anno di vita
- 216. Perdite di peso inspiegate dopo i primi due anni
- 217. Anorexia marcata in bambino che prima mangiava
- 218. Pica (at, pa) 141, 237
- 219. Alopecia (at) 16
- 220. Bassa statura isolata (s) 1, 89

MEDICINA DI BASE

- In aggiunta alla lista precedente
- Tutti i familiari (1° e 2° grado) di soggetti celiaci noti
- Familiari di pazienti con malattie autoimmuni

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