Manuscript Number: JPGN-17-762
Full Title: Shifting Practice in the Diagnosis of Paediatric Coeliac Disease in English District General Hospitals
Article Type: Letter to the Editor
Section/Category: Gastroenterology (North America)
Keywords: coeliac disease; human leukocyte antigen; diagnosis
Corresponding Author: Chai Leng Lee
Royal Manchester Children's Hospital
Manchester, UNITED KINGDOM
Corresponding Author's Institution: Royal Manchester Children's Hospital
First Author: Chai Leng Lee
First Author Secondary Information:
Order of Authors: Chai Leng Lee
Morris Gordon
Order of Authors Secondary Information:
Manuscript Region of Origin: UNITED KINGDOM
Suggested Reviewers:
Additional Information:
Question | Response
---|---
What is the word count of your manuscript? | 246
How many figures and tables are included in this manuscript? | 0
Dear Editor,

Thank you for considering this letter for publication in Journal of Pediatric Gastroenterology and Nutrition. While brief and concise, this study has gathered data in half of English hospitals on the changing practice of diagnosis of paediatric coeliac disease. It also raises a key issue of diverging practice between Europe and USA.

We hope you find it worthy of publication.

Kind regards,

Dr. Chai Leng Lee

Statement of authorship

M Gordon conceived the project, supported protocol design, analysis and contributed to final piece and approved. C.L. Lee led the protocol design, study, analysis, write up and approved final piece.
Shifting Practice in the Diagnosis of Paediatric Coeliac Disease in English District General Hospitals.
Chai Leng Lee¹ Mb BCh, MRCPCH, Morris Gordon ¹,² PHD

1. Department of Paediatrics,
   Blackpool Victoria Hospital,
   Whinney Heys Road,
   Blackpool FY3 8NR
   England, United Kingdom.

2. University of Central Lancashire
   HA118 Harrington Building,
   Preston, United Kingdom

Email: MGordon@uclan.ac.uk

Phone: 441253 953 443

Word count: 246
Sir,

There are two major guidelines for CD within the UK; National Institute for Health and Care Excellence (NICE)\(^1\) and British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN)\(^2\). The former advocates endoscopic biopsy with HLA testing reserved only in special circumstances for diagnosis, but the more contemporaneous latter advocates HLA detection combined with serology in symptomatic patients to diagnose CD.

To investigate actual practice, we performed a cross-sectional study of a whole sample of English district general hospitals from March-May 2017 with a response rate of 60% (n=70). Of these, 96% (n=67) reported to having some form of guidance. 59 units have recently shifted to using the BSPGHAN guidelines either as the primary source or in combination with other guidelines and only 5 units reported to the sole use of NICE guidelines. For those using BSPGHAN guidelines, 96% (n=56) would now make a diagnosis without endoscopic biopsy.

This almost universal uptake of BSPGHAN guidelines across England is clearly out of step with UK NICE guidance. More noteworthy is that the North American Society of Paediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) guidelines\(^3\) still recommends endoscopic biopsies as there are no standardisation of serological tests for CD within United States.\(^4\)

The shifts in practice in England identified in this study demonstrates that global practice for diagnosis of paediatric CD is diverging between Europe and North America. Future work is needed to ascertain the sensitivity and specificity of diagnostic pathways employing HLA testing and to rationalise best practice globally.

Reference


