

Celiac Disease Presenting as Intussusception From Giardia Lamblia

Adam R. Paul DO

Lehigh Valley Health Network, Adam_R.Paul@lvhn.org

Follow this and additional works at: <http://scholarlyworks.lvhn.org/pediatrics>



Part of the [Gastroenterology Commons](#), and the [Pediatrics Commons](#)

Published In/Presented At

Paul, A. R. (2016,Oct). *Celiac Disease Presenting as Intussusception From Giardia Lamblia*. Poster Presented at: World Congress of Pediatric Gastroenterology, Hepatology, and Nutrition, Montreal, Quebec.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Celiac Disease Presenting as Intussusception From Giardia Lamblia

Adam Paul, DO

Lehigh Valley Health Network, Allentown, Pennsylvania

Introduction

- Intussusception occurs when one segment of intestine invaginates into the lumen of the adjacent intestine.
- Regional enteritis caused by Giardiasis, and other infections has been implicated in intussusception.
- Celiac disease is an autoimmune enteropathy caused by the ingestion of gluten.
- Several case reports of Giardiasis mimicking Celiac disease exist in the literature and several studies have examined the presence of Giardiasis in Celiac patients.
- Intussusception has been found to be more common among children with Celiac disease than in healthy individuals.

Case Presentation

- 6 year old male presents with 1 week of abdominal pain, nausea, and intermittent non-bloody, non-bilious emesis, and diarrhea.
- Abdominal sonography revealed multiple small bowel-small bowel intussusceptions discovered.
- Patient treated supportively with complete resolution of symptoms.
- 3 days later patient presented with return of symptoms and ultrasound revealing 3 new small bowel-small bowel intussusceptions.
- Patient treated supportively, and workup initiated with stool testing positive for Giardia lamblia as well as tissue transglutaminase IgA: 137 U/mL
- Given the potential association with Giardiasis, it was determined suitable to let the patient recover from acute illness and repeat Celiac serologies at outpatient follow up 8 weeks following discharge.
- At follow up, tissue transglutaminase IgA: 100 U/mL, and Deamidated Gliadin IgA Ab: 107 U/mL.
- The patient's subsequent Endoscopy was visually normal, but histopathology revealed Duodenal mucosa with increased lymphoplasmacytic infiltrate in the lamina propria, increased intraepithelial lymphocytes and focal mild villous blunting.
- Since starting Gluten free diet patient has not had recurrence of intussusception, and Giardiasis has resolved.
- Interestingly, the patient's monozygotic twin brother who was clinically asymptomatic was also found to have positive Celiac serologies, and diagnosis was confirmed by EGD with biopsies.

Discussion

DISCUSSION

- Regional enteritis caused by Giardiasis, and other infections has been implicated in intussusception.
- The resultant enteritis may cause mucosal edema and inflammation profound enough to act as a lead point in small bowel-small bowel intussusception.
- Intussusception as a presenting symptom of Celiac disease has rarely been reported in Pediatric literature, while there are multiple case reports in adult celiac disease.
- It has been suggested that Giardiasis has caused clinical disease which mimics celiac disease in symptomatology and histopathology.
- The case of Giardiasis and intussusception both presenting as Celiac disease has not been reported.

CONCLUSIONS

- It is critical to evaluate patients with intussusception for both infectious and non-infectious etiologies during your routine workup.
- Regardless of cause (in this case Giardiasis), Celiac disease should be considered in patients with intussusception.
- Prompt recognition and timely diagnosis can prevent complications from Celiac disease.

REFERENCES:

1. Eur J Gastroenterol Hepatol. 2012 Aug;24(8):984-7. doi: 10.1097/MEG.0b013e328354f3f5. Celiac disease and giardiasis: a case report. Edling L1, Rathsman S, Eriksson S, Bohr J.
2. Ann Biol Clin (Paris). 2013 Jul-Aug;71(4):389-93. doi: 10.1684/abc.2013.0859. [Infectious etiology of acute idiopathic intussusception in children].
3. J Pediatr Gastroenterol Nutr. 2013 Jan;56(1):56-9. doi: 10.1097/MPG.0b013e31826a1099. Should intussusception in children prompt screening for celiac disease? Reilly NR1, Aguilar KM, Green PH.

© 2016 Lehigh Valley Health Network

610-402-CARE LVHN.org