

Celiacs Disease Is Not a Major Risk Factor for the Development of Childhood Idiopathic Thrombocytopenic Purpura

To the Editor:

We read with interest the article by Yarali.¹ Celiac disease (CD) is an autoimmune disorder characterized by an immune response and lack of tolerance to ingested gluten.^{2,3} Several autoimmune diseases are associated with CD. Atypical forms with no gastrointestinal symptoms are likely to be predominant and underdiagnosed.⁴ In pediatric populations in Europe and in the United States, the prevalence is as high as 1:75 to 1:133.⁵⁻⁷ Idiopathic thrombocytopenic purpura (ITP) is defined as a bleeding disorder with the hallmark of autoimmune mediated thrombocytopenia. The incidence is between 2 and 5/100,000 children.⁸ Evans syndrome (ES) is the rare combination of autoimmune hemolytic anemia and ITP. Case reports describing a cooccurrence of ITP, ES, and CD have been published.⁹⁻¹¹ If CD would define a major risk factor for ITP, CD patients should accumulate even in a relatively small ITP patient cohort. In a pilot study we investigated the cooccurrence of CD and ITP/ES. Institutional Review Board approval was given by the local ethical committee. Informed consent was required by the legal guardians.

PATIENTS AND METHODS

Children presenting with ITP or ES were eligible. Diagnostic criteria for ITP were based on published guidelines.¹² Within a 2-year period, 26 ITP and ES patients were consecutively recruited. After evaluation, 5 individuals did not fulfill the inclusion

criteria (3 suffered other diseases; in 2 CD testing was not done). The remaining 21 patients were clinically investigated for (1) symptoms of classical CD (abdominal pain, anorexia, diarrhea, weight loss, short stature, irritability) or nonclassical CD (dermatitis herpetiformis, hepatitis, anemia, arthritis, constipation, alopecia, pubertal delay, vomiting, inflammatory bowel disease, migraine headaches), (2) signs or symptoms of associated autoimmune diseases apart from ITP (type 1 diabetes, thyroiditis, Sjogren syndrome, IgA nephropathy), and (3) CD-associated neurological disturbances (autism, depression, epilepsy, cerebellar ataxia) or other CD associated diseases (Down, Turner, or William syndrome, IgA deficiency). For CD evaluation the following laboratory tests were performed: antigliadin IgG and IgA, tissue-transglutaminase IgA (tTG-IgA), antiendomysium IgA (E-IgA), and total IgA.

RESULTS

No patients had one of the above-named conditions apart from anemia. Anemia was present in 1 of the 2 ES patients, and in 2 of the ITP patients owing to an iron deficiency. One of the patients had a slightly decreased total IgA. One male ITP patient had increased tTG-IgA and E-IgA. The small bowel biopsy was normal.

CONCLUSION

Whether the relative risk for ITP is slightly increased in typical or atypical CD remains unclear; however, we conclude that neither typical nor atypical CD is a major risk factor for the development of ITP. Further clinical trials are warranted to investigate CD as a concomitant disease of autoimmune disorders.

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