

Social Aspects of Gluten-free Living

Diana Deleanu^{1,2}, Nicolae Miron^{1,2}, Iulia Lupan³, Gabriel Samasca^{1,4,*}

¹Department of Immunology and Allergology; Iuliu Hatieganu University of Medicine and Pharmacy, Cluj-Napoca, Romania

²Department of Internal Medicine, Regional Institute of Gastroenterology and Hepatology "Prof. Dr. Octavian Fodor"

³Molecular Biology Center, Institute for Interdisciplinary Research on Bio-Nano-Sciences, "Babes-Bolyai" University, Cluj-Napoca, Romania

⁴Emergency Hospital for Children, Cluj-Napoca, Romania

*Corresponding author: Gabriel.Samasca@umfcluj.ro

Received September 01, 2014; Revised September 08, 2014; Accepted September 21, 2014

Cite This Article: Diana Deleanu, Nicolae Miron, Iulia Lupan, and Gabriel Samasca, "Social Aspects of Gluten-free Living." *International Journal of Celiac Disease*, vol. 2, no. 3 (2014): 118-118. doi: 10.12691/ijcd-2-3-9.

1. Case Report

DE is a 35-year old patient, diagnosed in 2005 with celiac disease, megaloblastic anemia and psoriasis. Histopathological examination of duodenal biopsy at diagnosis revealed chronic atrophic duodenitis Marsh Type IIIb. An upper endoscopy showed no esophageal lesions, normal stomach-gastric body, normal antrum and D2 bulb with flat mucosa.

The patient had 3-4 stools per day with mucus, nausea, rights upper quadrant pain and loss of appetite, with 7 days ago before hospital admission from this year. On admission is highlighted: size 160 cms, weight 40 kg underweight nutritional status with weight loss in recent weeks, uncharacteristic facies, pale skin and mucous membranes. We retained from anamnesis the following: smoking 4-5 cigarettes per day, coffee 1 per day and related working conditions. The patient presented high school education, with a job in the sports production and a salary of 300 USD. The laboratory examinations showed hemoglobin = 9.6 g/dl, Red Blood Cell = 3.880.000/mm³, hematocrit = 30%, IgA tissue transglutaminase antibodies = positive 60 units (Cut-off = 25 units, ELISA), antiendomysium antibodies = positive (indirect immunofluorescence). Histopathological examination of duodenal biopsy showed chronic duodenal villous atrophy, intraepithelial lymphocytosis (> 30/100 enterocytes) and cryptic hyperplasia aspects compatible with celiac disease Marsh Type IIIc. The diagnosis was: gluten enteropathy, moderate microcytic anemia secondary to dehydration syndrome.

2. Discussions

Why gluten-free diet did not to help? Women eat less than men [1]. Social position can have negative consequences on the financial situation and thus on gluten-free products [2]. The women also described more distress caused by the food restrictions [3]. Social issues

should be considered in the treatment of patients with celiac disease [4]. Adherence to gluten-free diet is an essential part of quality of life of patients with celiac disease [5]. The families of patients and the society should support these patients [6]. Therefore celiac disease is an interdisciplinary problem [7] that requires a team-based management of patients with celiac disease [8]. After diagnosis, a strict gluten-free diet is necessary [9]. But although some gluten-free products are partially covered by health insurance [10], the financial support for patients with celiac disease does not exist in many states.

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