LETTER TO THE EDITOR

Reply to Dr. Panetta et al.’s letter

Dear Sir,

Panetta et al. describe that a tTG value of around 3×upper normal limit (using an ELISA commercial kit by Liaison, DiaSorin S.p.a., Salugia, Italy) was associated with a post-test probability of celiac disease (CD) of 99% and a PPV of 100%. This is in contrast with our results, since no cut-off level of tTG (Varelisa, CelikeyTM, Phadia AB, Freiburg, Germany) was associated with a PPV of 100%. They argue that the differences between both studies could be that our patients were no symptomatic. However, this was not true. All patients in our study, also those with either Marsh 0 or Marsh 1 type lesions, had clinical symptoms who improved with a gluten-free diet (see the CD diagnosis paragraph and the results section). We and also others1–3 have described some patients with no or minor intestinal damage (Marshes 0 and 1) who had high titres of tTG. In our series, a cut-off of 80 U/mL (11.4×upper normal limit) was associated with the higher PPV value of 98.6%. This cut-off level was associated with a post-test probability near 98% for those situations with a pre-test probability of CD of 30% or higher. However, in the most frequent clinical situations, which in general have a pre-test probability <10%, the post-test probability was 90% or less.

We think that Panetta et al. are describing the PPV of a strongly positive tTG in a cohort of patients with a high pre-test probability of CD. In this sense, 70% of their patients were diagnosed with CD (Marsh 3 lesions). Thus, a note of caution is necessary before extrapolating these results to the routine clinical practice, in general, associated with a low pre-test probability of CD.

Conflict of Interest

There are no conflict of interest.

References


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