



Newsletter – December 2006

It has been an exciting 18 months since the Grand opening of “CCGN”. A big thanks for your support of my practice! As interesting cases come through, I thought it would be informative and thought provoking to share information with you. On a quarterly basis, I will provide practice “pearls”, clinical updates, and other new scientific information that will be relevant to physicians caring for children and adolescents. Should you have any questions about the content of the newsletters, feel free to call or e-mail me.

CELIAC DISEASE:

Did you know that based on numerous studies in the USA and Europe, the prevalence in children between 2.5 and 15 years of age is approximately 1:300 to 1:80 children! In fact, in my practice the prevalence over the past 12 months was 1 in 80!!

Some of the common gastrointestinal manifestations include:

- Abdominal pain
- Diarrhea with failure to thrive
- Vomiting
- Constipation
- Abdominal distention

Some of the non-gastrointestinal manifestations include:

- Dental enamel hypoplasia of permanent teeth
- Short stature
- Osteopenia and osteoporosis
- Dermatitis herpetiformis
- Delayed puberty
- Iron deficient anemia unresponsive to treatment with oral iron (well documented in adults only)

Testing is recommended for children with any of the above manifestations without further explanation.

Testing is also recommended if condition is associated with increased prevalence of celiac disease including: Type 1 diabetes, autoimmune thyroiditis, Down syndrome, Turner syndrome, Williams syndrome, selective IgA deficiency, and first degree relatives of celiac patients. It is recommended that testing of asymptomatic children who belonged to these groups at risk began at around 3 years of age provided that they have had adequate gluten exposure for at least one year prior to testing.

What tests do I order?

Ultimately, the diagnosis of celiac disease is diagnosed by biopsy of small intestinal mucosa. Serological tests are used for screening to determine who is likely to have celiac disease when biopsied. In obtaining serologic testing, it is important to realize that individuals with celiac disease who are also IgA deficient **will not** have abnormally elevated levels of TTG IgA.

- Measure tissue transglutaminase (TTG) for initial blood testing. TTG is the IgA antibody to human recombinant tissue transglutaminase
- Antigliadin (AGA) IgA and antigliadin IgG tests are no longer recommended as initial testing due to the inferior accuracy of the antigliadin antibody tests.
- Obtain total IgA level to screen for selective IgA deficiency.
- The accuracy of TTG or endomesial antibodies in children under 5 years of age is still being investigated. This population should have both TTG and AGA anti-bodies for screening.

- When the serum TTG is elevated it is recommended that small intestinal biopsies be performed. Note that it is currently recommended that confirmation of the diagnosis of celiac disease requires an intestinal biopsy in all cases.
- Even if serological tests for celiac disease are negative, small intestinal biopsy may be useful in symptomatic children between the ages of zero and two years old with chronic diarrhea, failure to thrive, family history of celiac disease or IgA deficiency.

CYCLIC VOMITING SYNDROME:

This interesting functional disorder affecting school-age children was one of the many highlights of the annual meeting of the North American society for pediatric gastroenterology and nutrition held in October.

Pattern recognition is key to diagnosis. There are several features characterizing this syndrome including:

- At least 3 attacks over a 6 month time.
- High-intensity with at least 4 episodes of vomiting per hour
- Stereotypical pattern (for example, the vomiting occurs at the same time of day on each episode.)
- Onset is usually in the early morning hours between 1- 7 a.m.
- Usually there are recognizable triggers including stress, exhaustion, infectious illnesses, menstrual periods, and big event such as birthday parties or vacations

The main symptoms include nausea, abdominal pain, anorexia, retching, headaches, lethargy and pallor. Approximately 1/3 have diarrhea and or low-grade fever.

The following alarm symptoms may indicate another disease and should always be considered: bilious vomiting; abdominal tenderness or severe pain; attacks precipitated by an intercurrent illness, fasting, or increased protein meals can indicate metabolic disease; and abnormal neurologic exam or change in the pattern.

New treatment options are available for those with a confirmed diagnosis of cyclic vomiting syndrome.

We are currently accepting the following insurance plans:

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| • Accountable Health Plans/Interplan Helath Group | • Aetna |
| • Avmed | • Beech Street |
| • Blue Cross/Blue Shield of Florida | • CCN |
| • Champus/Tricare Standard | • Cigna Healthcare of Florida |
| • Evolutions | • Healthchoice |
| • Health-First Health Plans | • Humana |
| • Nexcaliber | • Southcare PPO |
| • United Healthcare | • USA MCO, Inc. |

IMPORTANT CODING UPDATE:

In efforts to improve compliance with coding requirements and regulations, we are enlisting your help in accurate terminology usage when requesting consultations. According to healthcare coding standards using the word “Referral” implies that you are transferring your patient’s care to us, when, in fact, this is not the case. In contrast, using the word “Consult” implies that you are sending your patient to another physician for consultation purposes and not transferring care. Please help us in our efforts to become compliant with healthcare standards by taking the time to fill out our Consult form. Our office will fax this form to you whenever you send a patient to us for a consultation. You may also visit our website at www.childrensngi.com and download this form, or any other forms you may be interested in. We appreciate your assistance with this important matter.

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