

## Title:

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Neurological manifestations of celiac disease. Importance of searching and understanding

the spectrum. Potential novel markers for the diagnosis

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Dear Editor,

The diagnosis of celiac disease (CeD) is usually made through tests that together with symptomatology—which may be absent on occasion—lead practitioners to establish the presence of this condition. Manifestations are usually gastrointestinal in nature but, given the multisystemic character of CeD, the whole range of disease expressions must be understood and recognized, as is the case with neurological manifestations, present in up to

40% of patients (3,4), occasionally in the absence of enteral disease (4).

The spectrum of neurological manifestations in CeD includes gluten ataxia, peripheral neuropathy, gluten encephalopathy and psychiatric disorders, with the first manifestation cited being most prevalent (5).

Gluten ataxia is defined as an idiopathic sporadic ataxia associated with positive serology for CeD with or without enteropathy (2). This type of patients is characterized by gait impairment, which may be initially mild and hardly noticeable by the patient or their physician. In turn, bearing in mind the different conditions that may develop within this spectrum, the presence of repetitive abnormal movements (5), nistagmus, paresthesia, or sensitivity changes should be actively sought during physical examination.

In order to diagnose neurological disease in CeD it is necessary that gastroenterologists seeing celiac patients in their practices carry out a sound neurological examination; however, since many of these patients have no gastrointestinal complaints, their diagnosis



remains unknown and they will only visit their general practitioners, who must suspect CeD from mild neurological symptoms and then order appropriate antibody testing.

No specific antibodies are presently available to establish neurological involvement in CeD with or without enteropathy. Antibodies against serum transglutaminase 6 have been put forth as a potential marker for diagnosing gluten ataxia (1) because of their high central levels, although further studies are needed to definitively confirm this.

To conclude, in the presence of neurological manifestations associated with CeD in patients not diagnosed with CeD, CeD antibody testing should be ordered after other, more common conditions have been ruled out. In contrast, in patients already diagnosed with CeD, presenting with neurological complaints, who had other, more common conditions ruled out, the diagnosis is clinically maintained without immunological confirmation until validation of specific antibodies takes place.

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