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Malabsorption and Coeliac Disease Case Review

Practical 12 / Clinical or documentation case

Aim

Recognise a malabsorption pattern and propose an appropriate evaluation in a child with poor growth.

Principle

Chronic diarrhoea, abnormal stool, bloating and micronutrient deficiencies can accompany malabsorption. Coeliac disease is one cause and needs criteria-based assessment.

Materials and Requirements

- Fictional growth curve, diet history and laboratory reports
- Current clinical pathway and referral form

Procedure

1. Quantify symptom duration, stool frequency and character, diet and relevant exposures. Review the growth trajectory and signs of nutrient deficiency.
2. Ask about onset, consistency, frequency and relation of stools to food, then review growth measurements by date and look for documented deficiencies and relevant exposures.
3. Identify possible gut, pancreatic and infectious causes based on the case. List alarm features requiring prompt clinical evaluation.
4. Compare causes using the nature of stool, infections or travel, diet and disease history. Identify marked weight loss, dehydration, bleeding or impaired growth that needs prompt review.

Continue with step 5 on the next page.

Procedure Continued

Malabsorption and Coeliac Disease Case Review

5. For suspected coeliac disease interpret tissue transglutaminase IgA with total IgA while the child is eating gluten. Discuss specialist testing when results or total IgA require it.
6. Before interpreting serology verify the child is eating gluten and check total IgA with the reported tTG-IgA. Use the teaching pathway for low IgA or an equivocal or positive result.
7. Review haemoglobin, iron status and other indicated findings. Describe the nutritional issues to assess while definitive work-up proceeds.
8. Compare Hb, iron status, growth and other targeted results to assess nutritional impact. Record missing information and consider whether specialist testing must precede a diet change.
9. Explain the findings and referral plan to the caregiver without prematurely labelling the diagnosis.
10. Explain the findings in plain language, confirm how the referral and results will be followed and discuss an agreed nutritional assessment with the supervising team.

Precautions

- Discuss any major diet change with the specialist before confirmation.
- Escalate severe dehydration, oedema or marked deterioration.

Observations and Interpretation

Malabsorption and Coeliac Disease Case Review

Observations and Record

Item	What to record	What it tells you
Symptoms and diet	Stool pattern, growth and current gluten exposure	Supports differential and test accuracy
Screening	Coeliac serology and total IgA	Guides specialist work-up
Nutrition	Anaemia, growth and other deficiencies	Identifies support needs

Worked Example

A child has six months of bulky stools, faltering growth and iron deficiency. Tissue transglutaminase IgA is elevated with normal total IgA while the child is eating gluten.

Result and Interpretation

The findings raise suspicion of coeliac disease. Refer for confirmation and dietetic planning according to current paediatric guidance.

Viva Questions and Answers

Why measure total IgA?

IgA deficiency can make an IgA-based test falsely reassuring.

What is a growth clue in a malabsorption case?

Persistent failure to gain weight or a falling growth trend.

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