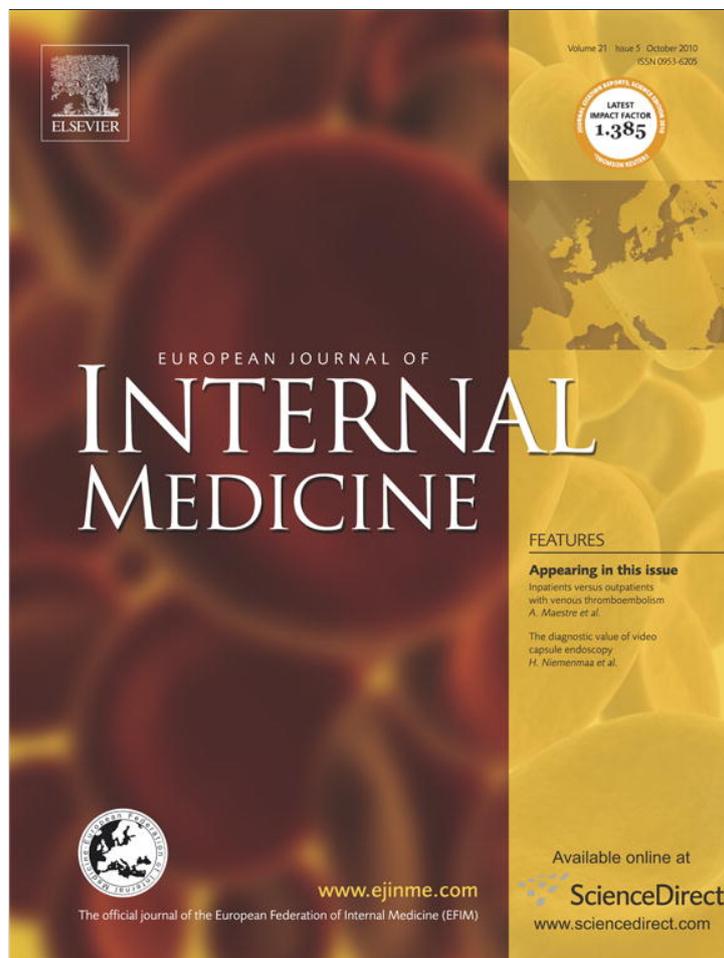


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In conclusion, based on the above mentioned data it is reasonable to suggest that IgA antibody testing for CD still seems to maintain its importance in initial screening. However, IgG antibody testing should also be evaluated due to the high prevalence of selective IgA deficiency in CD patients. Moreover, it should not be concluded that these two tests are in direct competition but rather they may complement each other.

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doi:10.1016/j.ejim.2010.05.013

Antibody testing in coeliac disease

The comments made by Beyazit et al. [1] fortunately allow us to elaborate on the important advance in screening for coeliac disease, by means of the latest serological tests. We need to clarify that we agree with Beyazit et al. that in CD patients with normal IgA, the IgA EMA and the tTGA IgA antibodies are the most sensitive and specific serological markers. In our text [2] it would have been better to have specified the IgA class of these antibodies and we are grateful for their comments.

In relation to the comments on the replacement of measuring total IgA when the IgA EMA and the tTGA IgA antibodies are negative, we wish to add, that recent research has shown that a test based on the presence of IgG antibodies against deamidated gliadin peptide (the IgG anti-DGP test) indeed supports the article by Korponay-Szabo et al. [3]. In one comparative study of this test the diagnostic accuracy of the IgG anti-DGP assays was comparable to the diagnostic accuracy of the IgA anti-tTG assays and its sensitivity was significantly better than the sensitivity of the IgG anti-tTG assays [4]. This serological antibody test is useful in IgA-deficient coeliac patients [5] and in coeliac patients with normal IgA but negative IgA EMA and/or IgA-tTG [6]. In spite of these new findings the only meta-analysis comparing IgA-anti-DGP antibody with IgA-tTG antibody, as screening tests for coeliac disease, has concluded that the IgA-tTG antibody test outperforms the IgA-anti-DGP antibody test and remains the preferred serological test for the diagnosis and/or exclusion of coeliac disease [7]. The suggestion made by Volta et al. [8] of combining IgG-DGP antibody test with the IgA-tTG antibody test remains interesting.

We share the final statement of Beyazit et al.; several tests in particular circumstances are complementary and sometimes necessary to clarify a difficult clinical situation.

Notwithstanding the latest advances in serological tests one has to conclude that the gold standard for the diagnosis of coeliac disease remains up to now the small bowel biopsy.

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doi:10.1016/j.ejim.2010.06.011

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23 May 2010

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