Non-Celiac Gluten Ataxia

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Diagnostic Testing

- Diagnostic testing was comprehensive, including CBC, point of care glucose, CMP, iron, ferritin, TIBC with % saturation, iron studies, vitamin B12 levels, vitamin B12 level, transketolase, TSH, anti-thyroglobulin and antibody, celiac antibodies, celiac gene pair assessment, urinary metal screen, which included testing for arsenic, cadmium, copper, lead, and zinc. All of these diagnostics were essentially normal limits or unresolved. Upper endoscopy duodenal biopsy was essentially unremarkable.

- Patient also underwent CT of the abdomen with and without IV contrast. Unremarkable. MRI brain with and without IV contrast was unremarkable. Echocardiogram was normal for a mild atrophic ventricular septal defect. Echocardiogram was essentially normal for a mild atrophic ventricular septal defect. Echocardiogram was essentially normal for a mild atrophic ventricular septal defect.

- Patient was seen by a neurologist and an allergist/immunologist. It was the Mayo Clinic immunologist who initially diagnosed suspected non-celiac gluten ataxia.

Conclusion

- Gluten ataxia is extremely rare. The diagnosis is not straightforward, even with a positive EA-GA and anti-tTG antibodies, negative small bowel biopsy and lack of gastro-intestinal symptoms. The Mayo Clinic diagnosis was based on the clinical presentation and the specific laboratory tests.

- Echocardiogram was positive for a mild atrophic ventricular septal defect. Echocardiogram was essentially normal for a mild atrophic ventricular septal defect. Echocardiogram was essentially normal for a mild atrophic ventricular septal defect. Echocardiogram was essentially normal for a mild atrophic ventricular septal defect.

- The Mayo Clinic diagnosis was based on the clinical presentation and the specific laboratory tests.

References

- Clinical presentation and additional material.