



## FEATURED

[Abstract](#)   [Discussion Forum \(0\)](#)
**Number: Tu1327**

CELIAC DISEASE AND ITS IMPACT ON LIVER RELATED OUTCOMES IN PATIENTS WITH ALL-CAUSE CIRRHOSIS: THE CELIHEP STUDY

**Society:** AGA**Track:** Stomach and Small Bowel Disorders**Author(s) and Affiliation(s):**Ankit Agarwal<sup>1</sup>, Aditya Vikram Pachisia<sup>1</sup>, Shubham Mehta<sup>1</sup>, Alka Kumari<sup>1</sup>, Sambuddha kumar<sup>1</sup>, Lalita Mehra<sup>1</sup>, Prasenjit Das<sup>1</sup>, Samagra Agarwal<sup>1</sup>, . Shalimar<sup>1</sup>, Vineet Ahuja<sup>1</sup>, Govind K Makharia<sup>1</sup>

1. Gastroenterology, All India Institute of medical sciences, Jaipur, Rajasthan, India.

**Introduction:** Celiac disease (CeD) is a multisystem disease and may coexist in patients with cirrhosis. We aimed to assess (1) CeD prevalence in all-cause cirrhosis, (2) impact of Gluten free diet (GFD) on liver-related outcomes in definite CeD (3) Characteristics and follow up of patients with potential CeD and cirrhosis**Methods:** A total of 1959 consecutive patients with cirrhosis of liver were screened for CeD using serology(IgA-tTG/AEA) and duodenal biopsies(Marsh 2+) [definite CeD: both serology/biopsies positive; potential CeD: only serology positive]. Patients with definite CeD matched with those without CeD [1:4 CeD: no CeD matched for age, sex, baseline Child-Turcotte-Pugh(CTP) and model for end-stage-liver-disease(MELD)] were initiated on GFD plus standard of care (SOC) and SOC respectively and followed-up for one year.**Results:** Definite CeD was identified in 35/1959 (1.8%;95%CI:1.2%-2.4%) while prevalence of potential CeD was 140/1959 (7.2%;95%CI:6.0-8.3%) in patients with all-cause cirrhosis (n = 35; age:37.3±12.3; 34.3% females; alcohol/NAFLD/hepatitis B/cryptogenic:25.7%/17.1%/5.7%/22.9%; Child A/B/C:17.1%/57.1%/25.7%; median MELD 19 (IQR:17-22)). Further/new onset liver decompensations(34.3% vs 44.3%) and mortality(17.1% vs 13.6%) were similar in patients with (n=35) and without(n=140) CeD over 1-year but liver stiffness measurement decreased significantly in patients with CeD(28.5Å±14.3 vs 41.2Å±18.31; p=0.001). After GFD, patients with definite CeD showed normalization of their celiac serology/ duodenal biopsies. Follow-up IgA tTG at 1-year normalized in 88/122(72.1%) of patients with potential CeD without GFD.**Conclusion:** Celiac disease must be screened by serology and duodenal biopsies in patients with liver cirrhosis irrespective of underlying etiology. Early diagnosis and GFD may improve prognosis of a potential reversible cause of cirrhosis of liver.**CELIAC DISEASE AND ITS IMPACT ON LIVER RELATED OUTCOMES IN PATIENTS WITH ALL-CAUSE CIRRHOSIS: THE CELIHEP STUDY**

Ankit Agarwal

DDW ePoster Library. Agarwal A. 05/06/2025; 4156611; Tu1327


[Abstract](#)   [Discussion Forum \(0\)](#)
**Number: Tu1327**

CELIAC DISEASE AND ITS IMPACT ON LIVER RELATED OUTCOMES IN PATIENTS WITH ALL-CAUSE CIRRHOSIS: THE CELIHEP STUDY

[READ MORE](#)**About Us**[Digestive Disease Week® \(DDW\) is the world's premier meeting for physicians, researchers and industry in the fields of gastroenterology, hepatology, endoscopy and gastrointestinal surgery.](#)**Follow us**

