

When Celiac Disease Hides Behind Liver Damage Background

Cirillo Domenico^{1*}, Tirelli Paolo², Gammaldi Vittoria², Fierarossa Carmine², Tartaglia Benedetta², Cuomo Gianluigi², Oliva Gabriella², Cozzolino Antonio³, Vespere Giuliana³ and Nuzzo Vincenzo²

¹Internal Medicine and Clinical Nutrition Unit, Department of Clinical Medicine and Surgery, Federico II University Hospital, Naples, Italy

²General Medicine Unit, Ospedale del Mare, ASL Napoli 1 Centro, Naples, Italy

³Gastroenterology Unit, Ospedale del Mare, ASL Napoli 1 Centro, Naples, Italy

*Corresponding author

Cirillo Domenico, Internal Medicine and Clinical Nutrition Unit, Department of Clinical Medicine and Surgery, Federico II University Hospital, Naples, Italy.

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Celiac hepatitis represents an underestimated cause of hypertransaminasemia. Despite the documented correlation between celiac disease and hepatopathy, therapeutic and follow up management remains controversial. The condition often coexists with other hepatic pathologies such as steatohepatitis and autoimmune hepatitis, making a gluten-free diet determinant but not always sufficient to normalize transaminases.

Case History

A 50-year-old man presented with persistent isolated hypertransaminasemia lasting several months, accompanied by general fatigue. Medical history was negative except for a liver biopsy performed twenty years earlier. Viral and autoimmune screening tests were negative, except for weakly positive ANA and hypoferritinemia. Abdominal ultrasound revealed two hepatic focal lesions. During diagnostic workup, anti-transglutaminase antibodies were requested and resulted positive. Duodenal biopsy confirmed celiac disease with villous atrophy. After three months on a gluten-free diet, transaminases normalized completely.

Discussion

Celiac hepatitis remains an underestimated pathology, often asymptomatic or presenting with a subtle clinical picture. Patients require not only adherence to a gluten-free diet but also regular follow-up to monitor associated enteropathy and potential concomitant hepatopathies, including possible evolution toward MASLD due to the high glucose and fructose content in gluten-free products for celiac patients [1,2].

References

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