

Letter to the Editor

Celiac Disease and Short Stature

In response to comments in the June 1985 issue of *Growth, Genetics, and Hormones*, I think you will find the following of interest. I recently reported [in the *American Journal of Gastroenterology*, October 1985, Volume 80, Number 10] a patient with what I believe to be the first asymptomatic celiac disease with short stature reported in this country.

The patient, a 6-year-old boy who was referred to me because of short stature, had no gastrointestinal (GI) symptoms except for a history of mild diarrhea during the first year of life. He was also biopsied by my colleague Dr. Hagos Tekeste on three separate occasions.

Initial evaluation showed a growth velocity of 4 cm/yr, a normal growth hormone (GH) response to clonidine stimulation, a low serum somatomedin-C (Sm-C) level, normal D-xylose absorption, normal quantitative stool fat collection (on a diet containing 50 mg of fat), and a

small bowel biopsy consistent with celiac disease.

Adherence to a gluten-free diet restored the biopsy to normal and improved the growth velocity to 6 cm/yr. The patient's Sm-C level, which had been at levels consistent with GH deficiency prior to treatment, rose promptly after gluten was excluded from his diet. Anti-gliadin antibodies were not obtained, but are presently being measured by another physician because the patient has moved to another area since the report was made.

Dr. Blizzard's Comments

Dr. Holman's letter was prompted by two discussions of celiac disease that appeared in Volume 1, Number 2 of *Growth, Genetics, and Hormones*. The abstract of Cacciari (*J Peds* 1983;103:708) related that short stature was caused by celiac disease in 8.3% of children in an asymptomatic group of 60 short children.

In his article on nutrition, growth, and growth failure, Dr. Lifshitz pointed out that much attention has been given in Europe to the association between celiac disease without

I am convinced that this is a very common disorder and that many of the so-called variant short stature group described by Rudman and others—particularly those with low Sm-C levels—may, in fact, be patients in this category.

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significant GI symptoms and short stature. Lifshitz believes that it is reasonable to suspect celiac disease in children who are short without an adequate explanation. He recommends that suspect patients be challenged with a high-gluten diet for four to six weeks and that an intestinal biopsy to confirm the diagnosis of celiac disease be done as well.

Readers of *Growth, Genetics, and Hormones* are encouraged to write and share their clinical experiences and interesting cases with their colleagues.