

Celiac Disease & Gluten Intolerance

Symptom Checklist

www.celiacnurse.com

As you review the symptoms, keep in mind that some individuals will only have one or two symptoms (for example, anemia and indigestion) and others may have many symptoms. Celiac Disease (CD) and gluten intolerance can be quite elusive, which makes it difficult to diagnose.

CD can be present in children that are growing normally so normal growth rate should not be a factor that excludes the possibility of CD. Many individuals with undiagnosed CD will have no bowel symptoms. Weight loss may or may not occur, and is dependent on the amount of the intestine that is damaged. Therefore, many of the symptoms in this checklist could occur in the absence of stunted growth, weight loss, or bowel symptoms.

Gastrointestinal Symptoms

- Feeling uncomfortably full after a meal with a high gluten content, such as pasta or bread
- Gastric reflux (heartburn)
- Burping
- Diarrhea or constipation
- Increased flatus (intestinal gas). Grumbling sounds in abdomen (borborygmus)
- Abdominal discomfort from bloated distended abdomen
- Lactose intolerance
- Bowel infections
- Steatorrhea (fatty stool with a foul odor)
- Nausea
- Vomiting
- Aphthous Stomatitis (canker sores)
- Decreased tongue papillation
- Glossitis (tongue inflammation)
- Angular cheilosis (scales and fissures on lips and in mouth)
- Dental enamel defects
- Liver disease (ex. autoimmune hepatitis, primary biliary cirrhosis, non-alcoholic fatty liver disease, primary sclerosing cholangitis, elevated liver enzymes)
- Gallbladder disease (can also have an elevated ejection fraction)
- Pancreas (type 1 diabetes, pancreatic insufficiency)
- Lymphomas
- Oral, esophageal, or gastrointestinal cancers
- Low vitamin K could lead to gastrointestinal bleeding
- Malabsorption could lead to low vitamins A, D, E, K, B complex vitamins, C, calcium, magnesium, phosphorus, copper, iron, zinc, selenium, manganese, l-carnitine, taurine, inositol, essential and amino fatty acids, and electrolytes.
- Fatigue, anemia, hypotension (low blood pressure), and hypoglycemia (low blood sugar) may result from malabsorbed nutrients. As well, other symptoms can result from malabsorption and will be mentioned under each physiological system in this checklist.

Skin, Hair, And Nail Symptoms

- A skin rash called Dermatitis Herpetiformis (Dühring's Disease) can occur. Symptoms include a blistering (papulovesicular eruptions) or scabbed rash that is very itchy. As well, the rash can have pimple type lesions or look similar to psoriasis with raised red patches of skin. In children, the rash may only present as purpura on the palms of their hands (in isolation or in addition to other symptoms). Usually the rash occurs bilaterally on the body and is commonly found on the buttocks, back, elbows, forearms, back of knees, scalp and on the face. Clinically, the rash can present anywhere on the body
- If vitamin K levels are low, symptoms may include spontaneous ecchymoses, bruised skin, purpura, petechia, and other bleeding under the skin
- Dermatitis
- Aphthous Stomatitis (canker sores)
- Facial butterfly rash-from niacin deficiency
- Increased skin pigmentation
- Angular cheilosis (scales and fissures on lips and in mouth)
- Melanoma
- Atypical mole syndrome and congenital giant naevus
- Any itchy skin rashes
- Psoriasis
- Edema (fluid under skin)
- Delayed wound healing
- Dry, cracked skin
- Acne
- Vitiligo
- Eczema
- Urticaria
- Alopecia Areata (Patches of hair loss)
- Dry, thin, brittle, slow growing hair due to nutrient deficiencies. Hair might change color due to malabsorption issues with pantothenic acid or manganese deficiencies
- Nails may be dry, brittle, thin, malformed, grow slowly, break easily, and can also have white bands, longitudinal striations, horizontal or vertical ridges, color changes, white spots, splinter hemorrhages, deformed nail shape that is curved up or down (ex. spoon shaped with anemia), hang nails, or be clubbed. Muehrcke's lines may indicate albumin levels are low. Beau's lines can result from nutrient deficiencies disrupting nail growth, onycholysis can be associated with psoriasis or sarcoidosis, and the nails might be pitted (associated with psoriasis and alopecia).

Neurological Symptoms

- Neuropathy symptoms can include burning, tingling, numbness, vibrations, pinching, stabbing (electric shock type feeling), buzzing, pressure, muscle twitches, a loss of feeling or increased sensitivity to touch.
- Epilepsy
- Migraines (headaches)
- Cerebral infarctions (strokes)
- Dementia
- Gluten ataxia has been linked to gluten intolerance/sensitivity (through Dr. Hadjivassilou's research). Gluten ataxia symptoms can include staggering gait, lack of balance, poor coordination, unsteadiness with standing or walking, increased falls, and dysarthric speech (may be slurred, slow, and difficult to produce and also the pitch, rhythm, loudness, and other voice qualities may change). Other symptoms include dysphagia (difficulty swallowing), clumsy exaggerated imprecise limb (arms and legs) movements, difficulty with fine-motor skills (ex. writing, buttoning a shirt, or eating), oculomotor (abnormal eye movements) problems, sensorimotor axonal neuropathy and other peripheral neuropathies. As well, dysmetria (inability to judge distance or scale), decreased processing of sensory information, sometimes declining cognitive function, and decreased cerebellar processing of afferent information (information from muscles, joints, movement, visual, auditory, somatosensory, cerebral cortex and midbrain) can occur
- Some **abnormal findings** can include abnormal brain waves on electroencephalography (EEG), unusual cerebellar physiology, hypoperfused brain regions, brain atrophy, inflammation, patchy Purkinje cell (out-put neurons) loss in the cerebellum, and and progressive multifocal leukoencephalopathy leading to destruction of myelin sheaths that support neuronal impulses. Other findings include lymphocytic infiltration of the cerebellum and peripheral nerves, damage to the posterior columns of the spinal cord, and widespread IgA deposition around vessels in the brain. As well, brain white-matter lesions or calcifications, likely resulting from autoimmune reactions, calcium deposits, ischemia, vasculitis, or inflammatory demyelination, can occur

Psychological And Cognitive Symptoms

- Learning disabilities
- Dementia
- Schizophrenia
- Depression
- Anxiety
- Mood disorders
- Apathy
- Sitophobia (abnormal aversion to food)
- Irritability
- Obsessional neurosis
- Anorexia/bulimia
- Fatigue or hyperactivity

Musculoskeletal Symptoms

- Rickets and osteomalacia
- Dental deformities
- Stunted growth, short stature
- Failure to thrive
- Bone pain, tenderness
- Bone deformities
- Delayed crawling, sitting, or walking (in infants and toddlers)
- Osteopenia, osteoporosis
- Arthritis, joint pain
- Muscle cramps, tetany, weakness, stiffness, aching, pain spasms,
- Difficulty moving eyes
- Decreased mobility
- Dysphagia (difficulty swallowing)
- Myopathies
- Intramuscular hemorrhage

Reproductive Symptoms

- Hypogonadism
- Pubertal delay (failure to develop secondary sex characteristics)
- Delayed or retarded menarche
- Secondary amenorrhea
- Chronic pelvic pain
- Dysmenorrhea (severe uterine menstrual pain)
- Heavy menstrual periods (due to low vitamin K)
- Dyspareunia (intercourse is painful)
- Vaginal infections
- Vaginitis
- Decreased sex drive (decreased libido)
- Impotence
- Sperm abnormalities
- Infertility (in men or women)
- Preclampsia
- Miscarriages
- Zygote abnormalities
- Fetal complications (birth defects, intra-uterine fetal growth restriction, lower birth weight, premature birth)
- Abnormal bleeding or infections post birth in mother
- Poor breast milk quality and production
- Early menopause

Cardiopulmonary Symptoms

- Idiopathic dilated cardiomyopathy
- Heart failure,
- Angina,
- Myocardial infarction (heart attack),
- Cardiomegally,
- Pericarditis,
- Myocarditis,
- Arrhythmias
- Atrioventricular heart block.
- ECG and tissue doppler imaging results were mentioned in 2 studies. ECG changes showed prolonged QT-period with ventricular bigeminus in an adult. Doppler imaging of the heart revealed myocardial systolic wave velocity (of the mitral annulus) was low and the left ventricle had subclinical systolic dysfunction (in children)
- Hypotension (low blood pressure)
- Lung infections
- Lung abscesses
- Increased susceptibility to tuberculosis
- Bronchiectasis
- Pneumonia
- Pulmonary hemosiderosis
- Fibrosing alveolitis of the lung,
- Pneumococcal septicemia
- Diffuse pulmonary bleeding
- Possibly increased risk of lung cancer

Vision, Auditory (Hearing), Olfactory (Smell), And Gustatory (Taste) Symptoms

- Difficulty seeing in a dimly lit room, night blindness
- Conjunctival xerosis (dryness of the eye)
- Corneal xerosis (cornea rough, dry, and hazy)
- Keratoconjunctivitis sicca (dry cornea & conjunctiva)
- Bitot's spots (pearly foamy patch on conjunctiva and cornea)
- Keratomalacia (corneal necrosis, corneal ulceration)
- Corneal scar, formation of corneal opacity (cornea white or clouded over)
- Xerophthalmia (dry and inflamed eye)
- Xerophthalmic fundus (white or grey linear or oval opacities in the retina)
- Blindness
- Conjunctivitis with corneal vascularization and lens opacity
- Blepharitis (inflammation of the eyelids)
- Styes, and eye infections
- Red (bloodshot) eyes
- Central retinal vein occlusion may occur if coagulation problems exist
- Optic neuropathy
- Dyschromatopsia (defect in color vision)
- Foggy, cloudy, or blurred vision
- Centrocecal or central scotomas (blind spots)
- Ocular myopathy
- Extraocular palsy and nystagmus
- Tinnitus or ringing in the ears
- Auditory hallucinations
- Middle ear infections
- Loss of hearing
- Dizziness
- Anosmia (unable to smell)
- Hyposmia (decreased detection of odors)
- Dysosmia (incorrect identification of odors),
- Parosmia (perception of smell is altered)
- Phantosmia (false odor detected)
- Agnosia (can smell, but difficulty in identifying odor)
- Ageusia (unable to taste)
- Hypogeusia (decreased taste function)
- Dysgeusia (taste function is distorted/altered)
- Decreased appetite (with nausea, vomiting, or decreased ability to taste or smell) or increased appetite (due to malabsorption)
- Pica cravings (cravings for non-food substances)

Urological Symptoms

- Chronic prostatitis
- Interstitial cystitis
- Bedwetting in children
- Stress incontinence
- Frequency and urgency to urinate, bladder spasms
- Chronic or recurrent bladder infections
- Urethritis
- IgA nephropathy
- Nephrotic syndrome
- Kidney stones (renal calculus)
- Active albuminuria
- Proteinuria
- Haematuria
- Glomerulonephritis
- Mesangial nephritis
- Glomerulitis
- Membranoproliferative glomerulonephritis
- IgA mesangial glomerulonephritis
- Immunoglobulin A mesangial nephropathy
- Midaortic syndrome affecting infrarenal aorta or renal arteries
- Renal failure

Diagnosis

A panel of bloodwork and other tests are needed to help rule out Celiac Disease and gluten intolerance. The panel includes:

1. IgA and IgG anti-tissue transglutaminase antibody test
2. Endomysial antibody test
3. Total serum IgA test
4. Total serum IgG test
5. Antibodies against deamidated gluten
6. IgA and IgG antigliadin antibodies
7. Skin biopsy for skin rashes
8. Small intestinal biopsies
9. Genetic testing

Do You Have Any Of The Above Symptoms?

If you have the above symptoms, talk to your Medical Doctor about tests for CD/gluten intolerance and tests to rule out other possible causes of your symptoms. Testing for CD is important because undiagnosed CD increases the risk of developing other autoimmune diseases, lymphomas (skin, brain, lymph nodes, intestine), cancers (thyroid, esophageal, mouth, tongue, pharynx, tonsil, and small intestine), allergies, complications from malabsorption issues, possible decreased immune response to other illnesses and many other health complications that have been discussed in the posts about CD/gluten intolerance symptoms. If you have the symptoms in this checklist, you can print out this post and check the symptoms that that you are experiencing. Also, print out the associated diseases and syndromes post (Part 11 of the 12 part series) at www.celiacnurse.com and highlight any that apply to you. Then, take this checklist and that post with you to discuss with the doctor.

For a variety of reasons, false negatives can occur with the panel of celiac tests. As well, some individuals have a gluten intolerance without bowel involvement which can lead to a negative result with some of the tests. Therefore, it is possible to have a gluten sensitivity even if you test negative for CD. Discuss (with your doctor) the possibility of trying a gluten free diet to see if it provides some relief. If you choose to try a gluten-free diet, then ask your doctor for a referral to a registered dietician for advice and guidance. It is also possible that some of your symptoms could be due to a food allergy/sensitivity or other disease process. A consultation with an allergist or a naturopathic doctor for allergy testing may help you to identify offending foods. Other tests can help rule out other diseases. I encourage everyone to have their symptoms thoroughly investigated by their MD and specialists before implementing a therapeutic diet. Keep your MD informed about any dietary changes you are making and also the results. Of course, I would love to hear your story as well.

I recommend waiting until CD/gluten sensitivity testing is complete before initiating a gluten-free diet because it may create a false negative. Discuss this with your MD or specialist. USE CAUTION WITH SUPPLEMENTS. Toxicities can occur with over supplementation and this can lead to permanent damage. Consult your MD, Registered Dietitian, or other medical specialists involved in your care to determine which nutrients should be supplemented and to identify appropriate dosages for you. Review your symptoms and everything in this post with a Medical Doctor and your specialists before you make any changes. Your MD knows your medical history and can make appropriate recommendations.

Note: All references for this post can be viewed in the 12 part series at www.celiacnurse.com This list may not be complete due to the complexity of this disease, and the fact that ongoing research may reveal more symptoms.

Disclaimer on www.celiacnurse.com applies to this PDF.