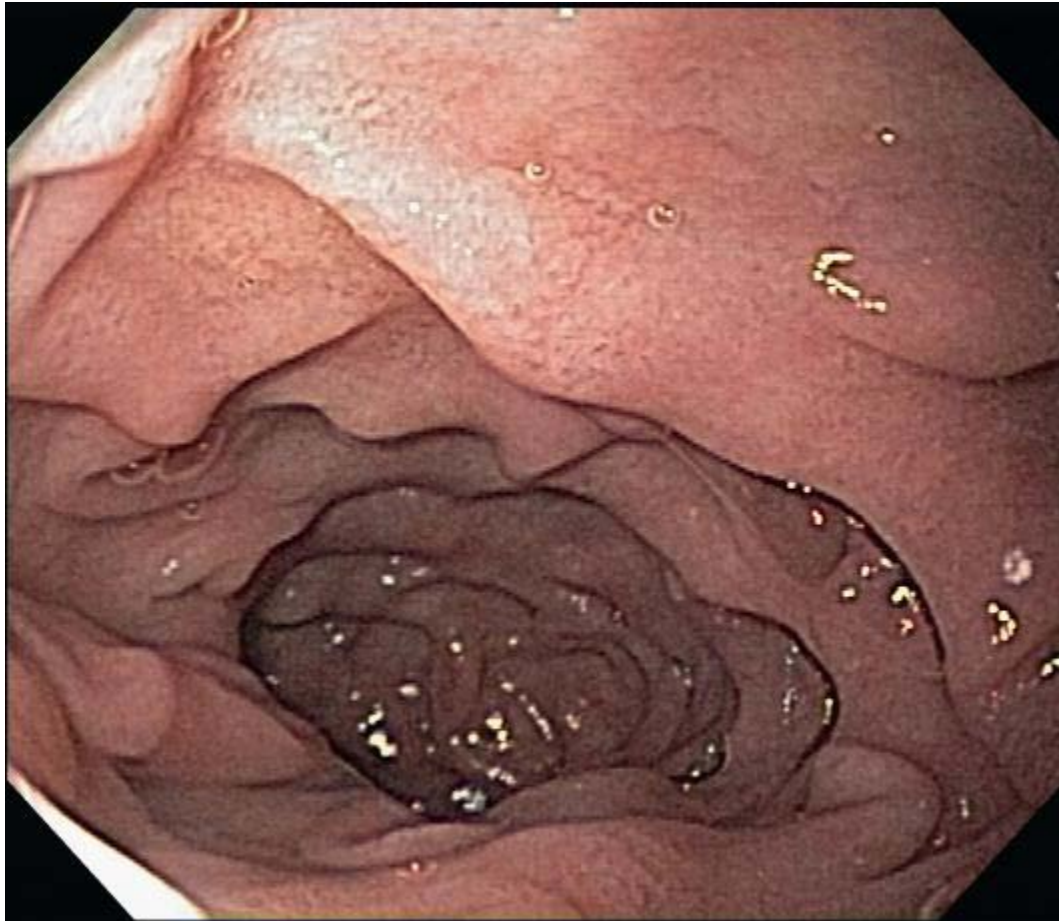


**Question 22 – Week of January 7**

An eighteen year old male on college winter break with chronic abdominal discomfort, bloating and mild failure to thrive presents to your clinic, and you have concerns for celiac disease. The patient is appropriately antibody tested. His vacation is almost over, so his parents request an endoscopy with small bowel biopsy to establish the diagnosis. Upper endoscopy finding of the duodenum appear as follows, see photo:



For best diagnostic yield for celiac disease one should:

- A. Switch the standard upper endoscope for an enteroscope for more distal small bowel biopsies
- B. Skip small bowel biopsies and go to capsule endoscopy
- C. Get four biopsies of the duodenum and eight biopsies of the stomach
- D. Get four biopsies of the duodenum with an addition biopsy of the duodenal bulb
- E. Get four biopsies of the duodenum with a request for flow cytometry for lymphocyte analysis

**Answer: D**

This patient may have villous sparing Celiac disease. Evans et al AJG 2011 found that villous atrophy may be present only in the duodenal bulb. The study suggested that the optimal assessment of patients in whom celiac disease was suspected required a duodenal bulb biopsy in addition to distal duodenal biopsies.