

### **Question 20 – December 18**

A 55 year old female with a history of RA presents with watery diarrhea for the last 6 months as well as weight loss of about 40 pounds during this time. Initial lab evaluation reveals negative tTg, normal IgA, and negative EMA. Endoscopy reveals villous blunting in the duodenum and pathology shows deep crypt lymphocytosis and increased crypt apoptotic bodies. Which of the following tests is most likely to confirm the diagnosis?

- A. Anti-enterocyte antibody testing
- B. IgA/IgG Deamidated Gliadin Peptide (DGP)
- C. Stool testing for C diff toxin
- D. CT Enterography

**Answer: A**

This patient has adult autoimmune enteropathy (AIE). AIE is a rare condition most commonly seen in pediatric populations. The clinical features of AIE is severe secretory diarrhea with malabsorption and weight loss. AIE can also have extraintestinal symptoms including RA. Proposed diagnostic criteria for adult AIE require adult onset chronic diarrhea (>6 weeks duration), malabsorption, small bowel histology (villous blunting, deep crypt lymphocytosis, increased crypt apoptotic bodies, and minimal intraepithelial lymphocytosis), and exclusion of other causes of villous blunting. Presence of autoantibodies including anti-enterocyte and/or anti-goblet cell are supportive of the diagnosis, but not required.

### **Reference**

Akram et al. Adult autoimmune enteropathy: Mayo Clinic Rochester Experience. Clin Gastroenterol Hepatol. 2007;5:1282-90