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LETTERS

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Association of asthma and allergic rhinitis with celiac disease**Ellul Pierre, Vassallo Mario, Montefort Stephen**

St. Luke's Hospital, Malta, United Kingdom

Correspondence Address:

Ellul Pierre

29 Heapfold, Norden, Rochdale, Lancashire, OL 12 7 NR, England

United Kingdom

pierre_ellul@yahoo.co.uk

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The association of celiac disease (CD) with bronchial asthma and allergic rhinitis has been investigated previously, with variable results. [1],[2],[3],[4],[5],[6] We present our data on such an association in a largely in-bred population of about 400,000 persons residing in the Maltese Islands in the Mediterranean Sea.

Patients previously diagnosed to have CD (based on serological tests and duodenal biopsy) and attending a medical out-patient clinic answered a questionnaire designed to determine whether they had previously been diagnosed to have asthma or allergic rhinitis. They were also asked about symptoms suggestive of



asthma; patients with such symptoms but no prior diagnosis of asthma underwent physiological lung tests to look for undiagnosed asthma. All patients provided informed consent. The frequency of asthma and allergic rhinitis in CD patients was compared with data from the International Study of Asthma and other Allergic Conditions in Childhood in the Maltese Islands (ISAAC1997), using *chi*-squared analysis.

All 86 patients (age range 16-69 [median 43] years; 65 female) answered the questionnaire about CD and asthma. They constituted 21% of the 409 patients with CD in the Maltese islands included in a register kept for controlling free prescription of gluten-free foods.

Of 86 respondents, 24 (27.8%; 21 female) had asthma, including 22 with known asthma and 2 with previously undiagnosed asthma; the frequency of asthma in CD patients was higher than that reported in the general Maltese population (11.1%; $p < 0.00005$).^[7] In addition, four non-asthmatic patients (one smoker, two ex-smokers, one non-smoker) reported wheezing in the absence of respiratory tract infection in the past; they however had normal pulmonary function tests. Another woman with CD gave history of wheezing and cough after exercise. She was a non-smoker, had family history of asthma, and her lung function tests showed 10% reversibility in FEV1 after the administration of bronchodilator. Another patient had nocturnal cough; he was an ex-smoker, had family history of asthma, and had normal lung function tests.

In 16 patients, asthma preceded CD by 3 months to 39 years (median 20 years). Among these patients, gluten-free diet had led to improvement in asthma in 6 patients, possible improvement in 2 patients, and no change in 8 patients. In the remaining 8 patients, asthma followed CD by 2 to 14 years (median 8). Thirty-one of 86 patients with CD and 11 of 24 patients with CD and asthma gave family history of asthma among first-degree relatives.

Eighty-two patients (62 female) answered the questionnaire about allergic rhinitis. Of these, 36 (44%) suffered from allergic rhinitis; this frequency was higher than that reported in the general Maltese population (32.3 %; $p < 0.05$).^[7]

Our findings suggest that asthma and allergic rhinitis are more common in CD patients than in the general population in Malta. In patients with atopic diseases, index of suspicion for CD should be high.

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