乳糜瀉測試

科技獲美國FDA認可

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乳糜瀉 Celiac Disease

乳糜瀉是一種腸道疾病。有乳糜瀉遺傳體質的人，腸道都有黏膜受損的跡象。患者在臨床上有各種的症狀，具體的表現受內在因素(如遺傳)，以及外在因素(如進食含麩質)相互影響。

部分症狀並不明顯，難以察覺，但亦可導致嚴重營養不良。若長期患有乳糜瀉而沒有得到治療的人，也更容易患上其他自身免疫性疾病。

乳糜瀉隱藏性十分高！

乳糜瀉可於任何年齡出現。

「乳糜瀉冰山」[1]概念：確診乳糜瀉的人有如冰山露出水面的一角。在水面下巨大的冰山底部代表很多人縱使腸道已受破壞，但因沒有明顯病徵，**而不知患有此病**。

[1] 由英國諾丁漢大學流行病學Richard Logan教授在1991年提出。

麩質 Gluten

是小麥中的一種蛋白質，賦予麵糰黏性，使它發漲成海綿狀。

乳糜瀉影響我們的免疫系統從而損害小腸的黏膜。
症狀主要分爲兩大類：

症狀

典型的症狀	非典型的症狀	
	與吸收不良相關	與吸收不良無關
長期腹瀉	缺鐵性貧血	皰疹性皮炎
	矮小症	運動失調
發育遲緩	骨質疏鬆	脫髮
	復發性腹痛	復發性口瘡性口炎
	復發性流產	重症肌無力症
腹脹	脂肪肝	牙釉質發育不全
	脹氣多屁	甲狀腺功能亢進症/減退症

為甚麼要選擇血液測試？

任何年齡的人士只要進食含麩質的食物，都有機會引發乳糜瀉徵狀。30至60歲的人士更是高危一族。

與上消化道內窺鏡和小腸切片檢查比較，血液測試是非入侵性且較簡單的檢測方式，不僅提供有價值的參考意見，更避免入侵性檢查所帶來的不適。

HK BioTek 乳糜瀉測試

HK BioTek 的乳糜瀉測試運用美國食品藥品監督管理局(FDA)認可的 QUANTA Flash 科技(化學發光免疫分析法)，分析以下四種抗體在血液中的水平。

抗原	抗體
組織性轉谷氨醯胺酶(tTG)	IgA-tTG, IgG-tTG
脫酰胺麥醇溶蛋白肽(DGP)	IgA-DGP, IgG-DGP

測試符合美國腸胃病學院針對乳糜瀉的診斷及管理的指引，能發現幾乎所有已經切片檢查證實的乳糜瀉患者：

- IgA-tTG是用作診斷乳糜瀉最有用的測試;
- 強烈建議懷疑患有乳糜瀉及IgA缺乏症的病人同時測試IgA及IgG(如IgA-及IgG-DGP);
- 小於兩歲的兒童應同時檢測IgA-tTG及IgA-與IgG-DGP;
- 如患者確診IgA缺乏症或IgA處於低水平，應檢測IgG(包括IgG-tTG及IgG-DGP)

報告會顯示您的結果及參考數據，並提供補充資料，解釋每個測試項目的特性及提供可行的替代品，給予測試者實實在在的支援。

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Celiac Screening

FDA-reagent approved test

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Celiac Disease (CD)

CD is an intestinal condition with various different clinical symptoms, some of which are obscure but can cause severe malnutrition. Symptoms also depend on the interaction between internal (genetic) and external (consumption of gluten-containing food).

Those genetically predisposed to CD have signs of damage on intestinal mucosa, which can also cause many different symptoms. Those who have CD but have not received treatment, are also prone to developing other autoimmune diseases.

Hardly Noticeable!

CD can develop at any age.
"Celiac iceberg" [1] concept speculates that those diagnosed with CD is only the tip of the iceberg – the actual iceberg itself represent the large population with less obvious symptoms but is still show intestinal damage and malnutrition.

[1] Prof. Richard Logan, Professor of Epidemiology of Nottingham University in UK, proposed the concept in 1991.

Gluten

A protein found in wheat which responsible for the sticky and spongy texture of bread.

Symptoms

Damages on the mucous layer of the small intestine by own immune system are often observed in CD.
Symptoms are divided into these two:

TYPICAL	ATYPICAL	
	Secondary to malabsorption	Independent of malabsorption
Chronic diarrhea	Sideropenic anemia	Dermatitis herpetiformis
	Short stature	Ataxia
Failure to thrive	Osteopenia	Alopecia
	Recurrent abdominal pain	Recurrent aphthous stomatitis
Abdominal distention	Recurrent abortions	Epilepsy
	Hepatic steatosis	Dental enamel hypoplasia
	Gaseousness	Hypo/Hyperthyroidism

Why should I use blood test to test for CD?

CD symptoms can develop at any age when foods in your diet contains gluten. Not only children, individuals aged between 30 and 60 years are determined as a group with high occurrence of having CD.

Compared to gastrointestinal endoscopy and intestinal biopsy, blood test is a non-invasive and easier way testing method. It avoids discomfort and damage caused by invasive testing method and provides a more valuable reference when considering invasive intestinal biopsies.

HK BioTek Celiac Screening

Our Celiac Screening Panel is a FDA-reagent approved test which utilizes the QUANTA FlashÂ® CIA immunoassay. This test measures four antibodies:

ANTIGENTS	ANTIBODIES
Tissue transglutaminase (tTG)	IgA-tTG, IgG-tTG
Deamidated gliadin peptide (DGP)	IgA-DGP, IgG-DGP

Our test fulfills the guideline from the American College of Gastroenterology on the diagnosis and management of CD, and can detect nearly all biopsy proven celiac patients.

- IgA-tTG is the preferred single test in individuals.
- When suspecting patients with CD and IgA deficiency, they should use IgA & IgG-based testing.
- IgA-tTG should be combined with IgA- & IgG-DGP for patients younger than 2 years of age.
- IgG-based testing for patients with low IgA or selective IgA deficiency.

Each report contains a set of patient information sheets which further explains the background and detail of each test area and suggests viable substitutes, giving patients a solid supportive plan.

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