

Profile of Typical and Atypical Celiac Disease in Serbian Children

We compared the clinical, biopsy and serology profile in typical vs atypical celiac disease. Mean TTG value for Marsh 3b/c in typical group was (140.53±88.77) and in atypical (140.66±73.53) ($P=0.622$). Seventy seven percent of patients had Marsh 3b/c in typical and 67.5% in atypical group ($P=0.400$).

Keywords: *Celiac disease; Enteropathy; Enterobiopsy; Serological tests.*

We conducted this study to identify whether the clinical presentation, mean anti-TTG level and severity of duodenal lesion are different in children with typical and atypical celiac diseases, by a retrospective review of clinical charts of patients with celiac disease, diagnosed between 2006 to 2010. Quantitative detection of human IgA class anti tTG antibodies were measured with an enzyme-linked immunosorbent assay kit (Orgentec, GmbH, Mainz-Germany). Biopsies from the distal duodenum (minimum of four forceps biopsies) were obtained by upper gastrointestinal endoscopy. Three pathologist experienced with diagnosis of celiac disease reviewed the histopathological specimens. Confirmation of a Marsh 2 or 3 lesion was required for a diagnosis of celiac disease [1].

The clinical spectrum was categorized as (1) *typical or classical*, suggested by clinical malabsorption, chronic diarrhea or failure to thrive; and (2) *atypical or*

oligosymptomatic, suggested by abdominal pain, iron deficiency anemia, chronic hypertransaminasemia, growth failure or screening of risk groups, or familial study.

A total of 103 patients fulfilled the diagnostic criteria for celiac disease (mean age: 6.6 years; range: 0-18 years; median : 5 years). Clinical profile, biopsy findings, and TTG values between the two groups are provided in **Table I**.

There are several studies that describe the correlation between anti-TTG antibody level and Marsh type [2,3]; however, none of them deals with the difference between typical and atypical group. In our study, the difference in the mean TTG level in both groups was not significant. There was no difference in the clinical presentation and the severity of duodenal lesion, indicating that factors other than the degree of villous atrophy must account for typical symptoms in celiac disease. The diagnosis of atypical celiac disease is often made only at an advanced stage because of the lack of gastrointestinal symptoms, and it could be a possible reasons for similar biopsy changes in children with and without typical features. As opposed to our study, Dinler, *et al.* [4] found that total/subtotal villous atrophy was significantly higher in the typical than in atypical group. The potential drawback of our work is a retrospective data and bias due to hospital setting.

TABLE I COMPARISON OF CLINICAL, BIOPSY AND SEROLOGY PROFILE IN TYPICAL AND ATYPICAL CELIAC DISEASE (N=103)

		<i>Typical CD</i>	<i>Atypical CD</i>
Clinical features [#]		malabsorption 25 (37)	anemia 10 (27)
		chronic diarrhea 21 (33)	first degree relatives 9 (24.3)
		failure to thrive 12 (18)	diabetes mellitus 6 (8.1)
		other gastrointestinal symptoms 8(12)	nanosomia 4 (16.2) anorexia 3(10.8), urticaria 2 (54%) others 3 (8.1%)
TTG*	Marsh 3b and 3c	140.5 (88.77)	140 (73.53)
	Marsh 3a	129 (73.76)	113.1 (89.43)
	Marsh 2	96 (12,17)	89 (14.85)
	Marsh degree [#]	Marsh 3b and 3c	51 (77)
	Marsh 3a	7 (10.6)	4 (10.8)
	Marsh 2	8 (12.4)	8 (21.7)

[#]Number (%), *Mean (SD).

**BOSKOVIC ALEKSANDRA, KITIC IVANA,
STANKOVIC IVICA AND DRAGAN PROKIC**
*Department of Gastroenterology and Hepatology,
Mother and Child Health Care Institute,
Medical University of Belgrade, Serbia
11070 New Belgrade, Radoja Dakica 6-8, Serbia
aleksandra.bos@hotmail.com*

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Is Cesarean Section a Barrier to Early Initiation of Breastfeeding?

Cesarean section is considered as a barrier for early initiation of breastfeeding. We found that 65.2% of mothers initiated breastfeeding within 1 hour of delivery. We found that there is no significant difference between vaginal delivery and cesarean section in early initiation of breastfeeding, ($P = 0.35$). We were successful in overcoming this barrier by involving a lactation management counsellor in supporting mothers in early initiation of breastfeeding following cesarean section.

Keywords: *Breastfeeding, Cesarean section, Early initiation.*

This cross-sectional analytical study was conducted between March 2011 to June 2012 in Bapuji Hospital, Davangere, Karnataka. To document the prevalence of early initiation of breastfeeding in a Baby Friendly Hospital among singleton deliveries and to determine whether mode of delivery is responsible for delayed initiation of breastfeeding.

A trained Lactation management counselor visited the mothers daily in the postnatal ward and counseled them about art of breastfeeding and its advantages. Every mother, irrespective of mode of delivery, was helped by the counselor and the nursing students to initiate and sustain breastfeeding. Data acquisition was done by the counselor by interviewing the mothers. Mother and infant pairs were divided into 3 groups. Group A included those mothers who initiated breastfeeding within 1 hour, Group B initiated feeding between 1-4 hours and Group C included those beyond 4 hours.

There were a total of 1793 live singleton deliveries during this period. Among them 917 neonates were delivered by cesarean section and 876 neonates were delivered vaginally. Group A included 1169 (65.19%) neonates; among them 588 neonates were delivered by

cesarean section and 581 neonates delivered vaginally. Group B consisted of 385 (21.47%) neonates. Among them 193 neonates delivered vaginally and 192 neonates by cesarean section. The reasons for delayed initiation of breastfeeding in Group B were that baby was given late to the mother ($n=81$, 21.0%), mother was tired ($n=73$, 19.0%), baby slept off ($n=19$, 4.9%), traditional belief ($n=57$, 14.8%), and mother thought milk is not coming ($n=39$, 10.12%). There were 239 (13.32%) neonates in Group C. Among them 137 were delivered by cesarean section and 102 were delivered vaginally. Main reasons for delayed initiation being that 197(89.94%) babies were shifted to NICU for various reasons, mother/baby slept ($n=12$, 5.1%) and traditional belief ($n=5$, 2.1%), or mother was in ICU ($n=5$, 2.1%).

In this study, initiation of breastfeeding within 1 hour among vaginally delivered neonates was 66.32% and by cesarean section was 64.12%. There was no significant difference between the two modes of delivery in early initiation of breastfeeding ($P=0.35$).

Most critical period for initiation of breastfeeding is first 1 hour after birth [1,2]. WHO has rated the percentages of breastfeeding initiation in the first hour as poor (0–29%), fair (30–49%), good (50–89%), and very good (90–100%) [3]. Early initiation of breastfeeding is good (65.56%) in this study. Often, mothers who have undergone cesarean section need extra help with breastfeeding. Otherwise, these mothers on an average initiate breastfeeding much later and terminate breastfeeding sooner [3,4]. We conclude that with the help of a trained lactation management counselor it is possible to initiate breastfeeding early even among mothers delivered by cesarean section.

**CR BANAPURMATH, SANDEEP RAMACHANDRAPPA,
GURUPRASAD G AND *SARAYU B BIRADAR**
Department of Pediatrics,