Coeliac disease and autoimmune thyroid disease

EDITOR,—In their article Counsell et al state that the association between coeliac disease and autoimmune thyroid disease is not astonishing given that the HLA haplotypes B8 and DR3 are found more commonly in both than in the general population (Counsell et al 1983; 77: 207–11). Based on the results of their data obtained in patients with coeliac disease they even suggest a routine check for thyroid function at presentation and a recheck if a gluten free diet fails to repair macrocytosis or symptomatology.

Screening patients with autoimmune thyroid disease for coeliac disease, as it has been performed by Collin et al and by our group also unveils a clinically possibly important association between the two diseases. We, therefore, agree also with their second suggestion that coeliac disease should be considered in patients with autoimmune thyroid disease.

It seems noteworthy to me, however, to point out that patients with Hashimoto’s thyroiditis seem to have a higher risk of developing coeliac disease than patients with Graves’ disease. Patients with coeliac disease on the other hand also seem to develop hypothyroidism (Hashimoto’s) rather than Graves’ disease. Indeed, the young woman in our series of 27 patients with Hashimoto’s disease, who was found to have oligosymptomatic autoimmune coeliac disease was HLA B8, DR3 negative. This was not surprising, as we have shown earlier that the goitrous variant of this disease is associated with the HLA-DR5 haplotype.

I therefore want to suggest that there must be another (additional?) link between the two diseases. This in my view is even more plausible if you consider the reports that both, Hashimoto’s thyroiditis and coeliac disease, may eventually result in lymphoma,4,5 whereas this has never been described in Graves’ disease patients.

M WEISSEL
Medizinische University Clinic III,
Washington Guertel 18-20,
University of Vienna, A-1097 Vienna, Austria

REFERENCES
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BOOK REVIEWS


Yet another massive tome on infection, this time directed solely to the gastrointestinal tract! Ten parts, 97 chapters, 162 contributors — all but North America, and the weight is 3.8 kg.

The editors begin their preface (to a volume that they have endeavoured to make ‘comprehensive and practical’): ‘Gastrointestinal infections are a major cause of disease and death, particularly in the developing world; absolutely true, but surprisingly only one of the contributors (from Peru) resides there! The goal of their labours is, they state, to provide a comprehensive source — that combines the scientific basis and the art of medicine relevant to enteric infections’; while also emphasising that ‘... the clinician who understands the new technologies ... becomes the modern day “slave” they also write that ‘... there are many opportunities for simple, low-technology, low-cost approaches’ for dealing with this group of infections. To keep the text to reasonable length (and the audience of interest and focus), hepatic infections are not included and should, the reader is informed, ‘... be treated as a separate subject’. The intended readership consists of: ‘the healthcare practitioner, the clinical investigator, and all who seek not only the latest clinical details but also an understanding of the breadth and limitations of our knowledge of enteric infections’.

Part I focuses on the history and epidemiological aspects (in both developed and developing countries) of diarrhoeal disease; not surprisingly there is a good deal on cholera, and also the impact of gastrointestinal infection on the course of malaria, and the nosocomial and both well trodden paths: Anatomy, physiology, and immunology are covered in Parts II and III; normal flora, mucins, adherence factors, fluid and electrolyte transport, mucosal IgA, secretory antibodies to enteric pathogens, cellular immune mechanisms, and immunopathology of mast cells are some of the subjects tackled. In Parts IV to VI major clinical syndromes are considered — both in the immunocompetent and immunosuppressed subject; the coverage starts with food poisoning and travellers’ diarrhoea, and meanders along through enteric fever, tropical sprue, appendicitis, diverticulitis, peritonitis, and infective endocarditis, and finally inflammatory bowel disease; there is also a great deal on Helicobacter pylori (53 pages) and HIV infection. Microbiology, epidemiology, and pathophysiological considerations form the basis for Part VII; malaria, gynecal, viral, and parasitic (protozoan and helminthic) infections are dealt with in this order. It is noteworthy that mycobacterial disease of the gastrointestinal tract (including Mycobacterium tuberculosi — which is arguably the world’s most common bacterial disease) is allocated 19 pages, whereas that on Whipple’s disease gets 18! Perhaps the editors should have taken more time with balance and prioritisation.

Books exist describing untoward reactions of the liver to various drugs. The largest and most comprehensive is by H J Zimmerman (Hepatotoxicity: The Adverse Effects of Drugs and Other Chemicals on the Liver; New York: Appleton-Century-Crofts, 1978) but it is out of date. The book edited by B A Boucher, Allan, Hodgson, and Keighley’s Gastroenterology: Clinical Science and Practice (2nd ed 1993) The advantage of Blaser et al is that it is devoted in entirety to gut infections and will inevitably become the one book per person in future for someone to come in this specific area dominated by the gastroenterologist and infectious diseases physician.

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M Weissel

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Updated information and services can be found at:
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