

Dental, Oral Clues Can Point to Celiac Disease

BY KATE JOHNSON
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NEW YORK — Dental enamel defects and aphthous ulcers are both strongly associated with celiac disease, and should be followed up with a full investigation for the disorder in undiagnosed people, Theologos Malahias, D.D.S., said at an international symposium on celiac disease.

Dental enamel defects that are seen in permanent teeth form when the teeth first develop, and thus will not reverse when celiac patients are treated with a gluten-free diet, said Dr. Malahias, a dentist from Groton, Conn.

“For example, the 6-year molars—also known as adult permanent first molars—start forming enamel when a baby is 3-4 months old,” he said in an interview. “So if celiac disease is present at that time, it can affect the enamel, but you won’t see the defect until the tooth erupts at 6 years old.”

Patients with these problems also may experience a delay in the eruption of permanent teeth, he added.

The bilateral, symmetrical markings are most commonly seen on central incisors

and molars and are evident in all four quadrants of the mouth, Dr. Malahias explained. They are opaque and can be white, yellow, or brown, causing the enamel to look mottled, and not shiny. “There are other causes for this type of dental appearance, so I always stress that celiac disease should be considered in the context of the rest of the patient’s medical history,” he said.

His study of 136 patients, 67 with celiac disease and 69 without, found dental enamel defects in 51% of the celiac cohort

and in 30% of the nonceliac group. Among the pediatric subgroup of 47 children aged 6-16 years, 87% of the 23 celiac patients had enamel defects, compared with 33% of the 24 who did not have celiac disease. In children younger than age 12 with mixed dentition, the enamel defect rate was 90% among those with celiac disease and 44% among the others.

The rate of dental decay was similar for children with and without celiac disease, but was higher in the 44 adult celiac pa-

tients than in the 45 adults without celiac disease, he reported.

Dr. John Zone, a dermatologist from the University of Utah, Salt Lake City, said at the meeting that about 5% of people with unexplained aphthous ulcers have occult celiac disease. “They are presumably due to chronic stimulation of the immune system by gluten,” he suggested.

The ulcers continue to occur, but less frequently, after celiac patients start a gluten-free diet, Dr. Malahias said. ■



Celiac disease can cause tooth enamel defects while the adult teeth are forming.



Aphthous ulcers occur less often after the introduction of a gluten-free diet.

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—Dr. Randolph J. Swiller, on what motivates him to do patient rounds in his car full time, 7 days a week, p. 49

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