

31/01/2024

Dear Colleague,

Update to requesting IgG tTG antibodies in patients with IgA deficiency / very low total IgA (<0.2g/L)

IgA tissue transglutaminase (tTG) antibodies continue to be the first line test for coeliac disease (NICE guidance 2015) and have a reported sensitivity and specificity of >95% in untreated coeliac disease, provided patients are consuming sufficient gluten at the time of testing and do not have IgA deficiency (total IgA level <0.07g/L).

ESPGHAN guidelines advise that a total IgA level of 0.2g/L is considered sufficient for reliable IgA tTG antibody assessment. **Therefore IgG tTG antibodies should only be requested as the second line test in patients known to be IgA deficient (IgA <0.07g/L) or have a total IgA level below 0.2g/L.**

At this time only IgA tTG antibodies can be requested on Trakcare and GP ICE thus ensuring that the most appropriate & sensitive IgA tTG assay is requested for the majority of patients.

Currently IgG tTG antibodies cannot be requested on Trakcare but it has become clear that users have been requesting IgG tTG antibodies via comments in the clinical details part of the IgA tTG request form. Unfortunately these are not always seen. If IgG tTG antibodies are required, please contact the Duty Immunologist by telephone (0141 347 8872 or internal ext 68872) or email (Immunology.Labs@ggc.scot.nhs.uk) to organise testing. We appreciate that this is not ideal so we have requested for IgG tTG antibodies to be made available on Trakcare and GP ICE. We plan that these requests will be reviewed by the Duty Immunologist to ensure that the appropriate testing is performed based on the total IgA and any previous coeliac disease serology.

It should be noted that the sensitivity and specificity of IgG tTG antibodies for coeliac disease is less than IgA based tests and therefore a negative IgG tTG antibody result does not exclude coeliac disease. IgG tTG antibodies are of no value in patients with a total IgA level of 0.2g/L or greater and testing for IgG tTG antibodies as part of initial screening in clinical practice is not recommended.

We would be grateful if you could share this letter with colleagues and contact us if you have any further questions.

Yours sincerely,



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