

Celiac Disease in Children

A complete parent guide: symptoms, testing, gluten-free treatment, and follow-up.

At-a-glance

□ What this is: Celiac is an immune reaction to gluten that damages the small intestine. Testing must be done while your child is still eating gluten.
□ Typical ages: Can present at any age; often recognized in toddlers/young children but also in teens.
□ What to do today: Do not start a gluten-free diet before testing. Book a visit for celiac blood tests if symptoms or risk factors.

△ Red flags (urgent/ER): Severe dehydration, persistent vomiting, severe belly pain, significant weight loss, very unwell.

□ When to see a clinician: Routine visit for chronic gut symptoms, poor growth, fatigue/anemia, or family history; urgent care if severe symptoms.

What it is (plain language)

Celiac disease is an immune reaction to gluten (a protein in wheat, barley, and rye).

When a child with celiac eats gluten, the immune system damages the small intestine, which can affect growth and nutrient absorption.

- It is not a food allergy and not the same as “gluten sensitivity.”
- The only treatment is a strict lifelong gluten-free diet.

Why it happens (causes & triggers)

- Genetic predisposition (family history).
- Higher risk with type 1 diabetes, autoimmune thyroid disease, Down syndrome, and some other conditions.
- Symptoms may appear after gluten exposure increases (toddlers/young children) but can start at any age.

What parents might notice (symptoms)

- Gut symptoms: belly pain/bloating, diarrhea, constipation, nausea, poor appetite.
- Growth/nutrition: poor weight gain, short stature, fatigue, anemia (low iron).
- Other: mouth ulcers, dental enamel issues, headaches, irritability, rash (dermatitis herpetiformis—rare in kids).

✓ **Symptoms can be subtle**

Some children have normal stools but poor growth or iron deficiency. Others have no symptoms and are found by screening.

Home care and what helps (today)

- Do not start a gluten-free diet before testing. Removing gluten can make tests falsely normal.
- Book a clinician visit for celiac testing if symptoms or risk factors.
- If severe symptoms (dehydration, significant weight loss), seek urgent assessment.

When to worry: triage guidance

- Emergency now: severe dehydration, very sleepy, severe vomiting, or signs of shock.
- Same-day: persistent vomiting, severe belly pain, bloody stool, inability to keep fluids down.
- Routine appointment: chronic diarrhea/constipation, belly pain, poor growth, fatigue, anemia, or strong family history.

How doctors diagnose it (what to expect)

- Blood tests while your child is eating gluten: usually tissue transglutaminase IgA (tTG-IgA) + total IgA; sometimes additional tests.
- If blood tests suggest celiac, many children need an upper endoscopy with biopsies to confirm (depending on local guidelines and antibody levels).
- Sometimes genetic testing (HLA-DQ2/DQ8) helps rule out celiac when diagnosis is unclear.

i Important: keep gluten in the diet until testing is complete

Ask your clinician how much gluten is needed before tests if you have already reduced it.

Treatment options

Treatment is a strict gluten-free diet—every day.

- Remove: wheat, barley, rye (and foods contaminated with them).
- Allowed: naturally gluten-free foods (rice, corn, potatoes, beans, meat, eggs, fruits/vegetables) and certified gluten-free products.
- Oats: only if labeled gluten-free and introduced with clinician/dietitian guidance.
- A dietitian is extremely helpful for label reading and balanced nutrition.

Expected course & prognosis

- Many kids feel better within weeks once gluten is removed.

- Growth and anemia can take months to improve.
- Most children do very well long-term with a strict diet.

Complications (brief)

- Poor growth, iron deficiency anemia, low bone density (if untreated).
- Ongoing symptoms can occur with hidden gluten exposure.

Prevention and reducing future episodes

- There is no proven way to prevent celiac in high-risk children.
- Prevent symptoms/complications by avoiding gluten and preventing cross-contamination (separate toaster, clean surfaces).

Special situations

- School/daycare: share a gluten-free plan; watch craft materials (playdough) and shared snacks.
- Travel: pack safe snacks and research options ahead.
- Other conditions: coordinate care if type 1 diabetes or thyroid disease.

Follow-up plan

- Follow with your clinician and dietitian after diagnosis.
- Repeat blood tests to confirm improvement (often 6–12 months).
- Monitor growth, iron/vitamin levels, and symptoms.

Parent FAQs

- Is it contagious? No.
- Can my child have 'cheat days'? No—gluten triggers immune injury even without symptoms.
- Will they outgrow it? No; it is lifelong.
- Can siblings be tested? Yes—discuss screening with your clinician.

Printable tools

Gluten-free starter checklist

- Keep gluten in diet until tests are complete.
- After diagnosis: clean out pantry, read labels, plan school snacks.
- Set up cross-contamination prevention (separate toaster, butter/jam).
- Schedule dietitian visit and follow-up labs.

Symptom & exposure tracker (7 days)

Day	Symptoms	Possible gluten exposure?	Notes
1			
2			
3			
4			
5			
6			
7			

Credible sources and last updated date

- ESPGHAN guideline on diagnosis of pediatric celiac disease (serology and biopsy approach).
- NASPGHAN celiac disease resources for families and clinicians.
- Celiac Canada and major children’s hospital diet guidance on gluten-free diet and cross-contamination.

Last reviewed/updated on: 2025-12-26

Safety disclaimer

This guide supports—not replaces—care from your child’s clinician. If you are worried that your child is very unwell, has severe pain, trouble breathing, repeated vomiting, or signs of dehydration, seek urgent medical care right away.