DIFFERENTIAL DIAGNOSIS AND TESTS FOR EXCLUSION

DIFFERENTIAL DIAGNOSIS	TESTS FOR EXCLUSION
Coeliac disease	• Coeliac serology (screening tool): tTg + IgA or tTg + DGPIgG or tissue transglutaminase antibody, (TTG) (IgA) with total IgA level. • Small intestinal biopsy (gold standard for diagnosis). A biopsy of the distal duodenum is the only definitive diagnostic test for coeliac disease. Biopsy should be performed if the patient's screening antibody blood tests are elevated (tTG IgA or EMA). • HLA DQ2/DQ8 genetic test. Note: 1. Gluten intake must be adequate prior to coeliac serology and biopsy to prevent false negative results. 2. IgA deficiency is present in 2-3% of people with coeliac disease, so always check to see if total IgA levels are normal. 3. HLA gene test only useful if negative
Inflammatory bowel disease (IBD) (e.g. Crohn's disease and ulcerative colitis)	• There is no single test that confirms the diagnosis of IBD. • Diagnosis is made based on physical examination, patient history and various tests, including blood tests, stool examination, endoscopy, biopsies, and imaging studies. • Faecal calprotectin can be used as a screening tool.
Diverticular disease	• Diverticula can be seen on barium enema or endoscopy (flexible sigmoidoscopy or colonoscopy). • Diverticulitis can be diagnosed based on clinical examination during an acute attack and is usually confirmed with a CT scan.
Cancers (e.g. ovarian or bowel cancer)	• Medical history and physical examination. • Colonoscopy.
Pelvic floor disorders	• Medical history and physical examination. • Anorectal manometry can discern the different dysfunctions.
Endometriosis	• Laparoscopy is the only definitive way to diagnose endometriosis.
Endocrine disorders (e.g. hyperthyroidism)	• Medical history and physical examination. • A diagnosis can be confirmed with blood tests that measure the levels of thyroxine in the blood.
Pancreatic exocrine insufficiency	• Indirect tests are often utilised, including faecal elastase-1. • Symptom improvement after pancreatic enzyme replacement therapy supports the diagnosis.
Bile acid malabsorption	• An increase in faecal bile acid is the most definitive way to diagnose bile acid malabsorption, although 48 hour faecal collection is required and hence this test is not frequently used. • SeHCAT (75Se-homocholic acid taurine) test (not readily available worldwide). • 7α-OH-4-cholesten-3-one (C4) blood test (not readily available worldwide).