

Increased celiac disease prevalence in women with unexplained infertility

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A recent study demonstrated increased rates of celiac disease in women who present with unexplained infertility. Published in the May-June 2011 issue of *The Journal of Reproductive Medicine*, the study evaluated 191 female patients presenting with infertility. Each participant underwent serologic screening for celiac disease as well as routine infertility testing. The 4 patients who had positive serum test results were advised to seek evaluation with a gastroenterologist. All 4 patients were confirmed to have celiac disease. They then underwent nutritional counseling to change over to a gluten-free diet.

Among the 188 patients who completed testing, the prevalence of undiagnosed celiac disease was 2.1%. While this rate was not significantly higher than the expected 1.3%, the diagnosis of celiac disease in women with unexplained infertility was found to be significantly higher at 5.9% (3 of 51 women). Interestingly, all 4 patients found to have celiac disease conceived within a year of diagnosis.

Though the study numbers are small, the findings suggest that, at least for some women with [infertility](#), dietary measures may help bolster fertility. "Diagnosing celiac disease in an infertile woman would be particularly beneficial if the low-cost (and low-risk) therapy of pursuing a gluten-free diet could improve chances for conception," says lead author Janet Choi, MD, a reproductive endocrinologist at the Center for Women's Reproductive Care at Columbia University. Co-author Dr. Peter Green, director of the Celiac Disease Center at Columbia University Medical Center, said that these results should be added to the

increasing body of knowledge concerning the impact of undiagnosed [celiac disease](#) on women's reproductive health.

More information: Choi JM, Lebwohl B, Wang J, Lee SK, Murray JA, Sauer MV, Green PH. Increased prevalence of celiac disease in patients with unexplained infertility in the United States. J Reprod Med. 2011 May-Jun;56(5-6):199-203.

Provided by Columbia University Medical Center

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