

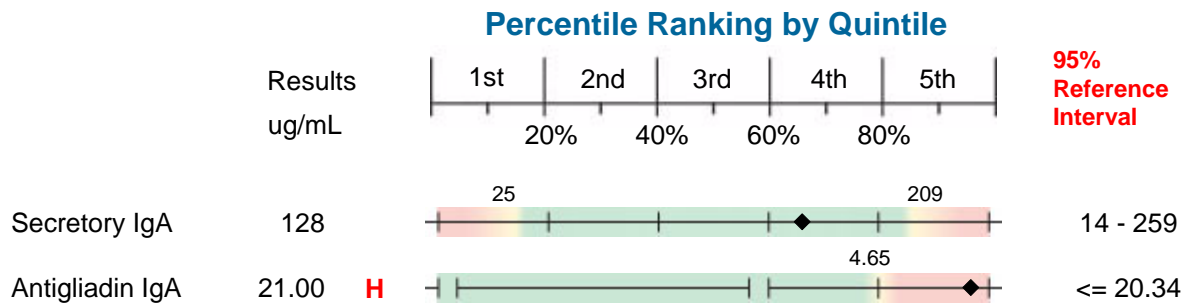
Ordering Physician:

Metametrix

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0072 Gliadin Sensitivity Profile

Methodology: EIA



Secretory immunoglobulin A (sIgA) defends against antigenic and infectious attacks at the mucosal surfaces. Some studies have shown **high sIgA** in periodontal disease, alcoholism, heavy smoking, celiac disease,[1] oropharyngeal carcinoma, or acute stress.[2] When salivary sIgA is high, treatment of infection or stress reduction techniques may be warranted. **Low salivary sIgA** has been associated with chronic stress, dental caries, mucous membrane diseases, allergy and airway infections, recurrent tonsillitis, adenoid hyperplasia, asthma, repeated antibiotic courses, bronchial hyperreactivity,[2] inflammatory bowel disease,[1] or recurrent infections.[3] Practicing clinicians normalize low sIgA with stress reduction techniques and nutritional support for the gut mucosa (i.e. glutamine, probiotics, fiber, vitamin A, zinc, pantothenic acid, among others). A serum IgA test can rule out IgA deficiency.

Deaminated anti-gliadin antibodies (AGA) are produced in response to gliadin, which is found in wheat, barley and rye and commonly referred to as gluten. Salivary AGA can be used as a screening test for celiac disease[4] and for monitoring compliance with a gluten-free diet.[5] If **AGA is high**, the patient may benefit from dietary gluten elimination. When **AGA is normal**, it suggests (a) that the patient is avoiding gluten or (b) there is no antibody response in the saliva to dietary gluten. When a person's total sIgA is low, it is difficult to diagnose gluten sensitivity with AGA. In such cases, gluten elimination or a serum IgG AGA may be needed to assess gluten sensitivity.

References

[1] R. H. Warner, F. M. Stevens, and C. F. McCarthy, Irish journal of medical science **168**, 33 (1999).
 [2] P. Brandtzaeg, Annals of the New York Academy of Sciences **1098**, 288 (2007).
 [3] M. Gleeson *et al.*, Immunology and cell biology **77**, 351 (1999).
 [4] V. Hakeem *et al.*, Archives of disease in childhood **67**, 724 (1992).
 [5] H. F. al-Bayaty *et al.*, J Oral Pathol Med **18**, 578 (1989).

These test results are not for the diagnosis of disease. They are intended to provide nutritional guidelines to qualified healthcare professionals with full knowledge of patient history and concerns to assist in their design of an appropriate healthcare program.