Reviewer's report

Title: Celiac disease: A comprehensive current review

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Reviewer: Kamran Rostami

Reviewer's report:

This is a comprehensive review by very well-known and respected authors in this field. This paper review many aspect of CD and overall it is an excellent addition to the current literature. The authors interpretation of pathogenesis and reviewing the current literature is valuable especially since they had substantial contributions in creating those evidence themselves.

I have few suggestions and recommendations:

Histology as the gold standard is controversial even though the authors mention that ESPGHAN criteria is not accepted everywhere yet. The authors criteria for diagnosing CD is valuable. However, the current evidence reliably suggest, some children could safely be diagnosed based on serology and the elements proposed by ESPGHAN

Introduction: CD has undergone a true metamorphosis! This might need to be formulated differently. We are capable to diagnose the atypical forms of disease and it is unlikely that CD has changed in anyway. The authors also explain that beautifully in the following sentences

Some of the information overlap and repeated in different sections especially on serology

Histology

The recent consensus studies on histology of coeliac disease have been overlooked. The Oberhuber classification has been heavily criticized by Marsh and it is considered unsubstantiated. I recommend the authors taking these in consideration when discussing the histology


Follow up

The first follow-up should include a screening of antinuclear antibodies (ANA/ENA) and non-organ specific autoantibodies,,,. 

ANA is non-specific and may cause unnecessary concerns. The screening with ANA should be reserved for selected patients at high risk for autoimmunity.

I'm unsure if an ultrasound would be necessary for every coeliac patient. There is no enough evidence to justify that.

I'm my personal experience, most of symptoms that do not resolve after GFD is related to additional lactose intolerance rather than the whole FODMAP list. Secondary lactose intolerance is common in CD patients and this is not IBS.

Also repeating the duodenal biopsy in patients with good response to GFD without micronutrient deficiency is wasting of time and resources. It would not be necessary to be undertaken routinely.
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