

## CBL

### GIT & Liver Module

A 17 year old male presented with history of loose motions off and on since childhood, abdominal pain and easy fatigability. He looks pale and weakly built for his age. History was negative for melena. His sister two years younger than him also suffers from the similar complaints, but his elder brother is fine and healthy. On examination he is anaemic, JVP not raised, pulse 110/min, BP 120/70 mm of Hg. Heart sound normal, 2/6 systolic murmur at pulmonary area, chest clear without any abdominal visceromegaly. Labs were as under Hb 6.0 gm/dl (12-16), MCV 66 (76-94), BUN 10 mg/dl (10-20), Ferritin 15 (45-250). Stool DR is normal. Anti-tissue transglutaminase IgA 17 (< 7). Duodenal biopsy showed mucosal and sub mucosal lymphocytic infiltration with atrophy of villi.

Q1. What is the most likely diagnosis?

- (Coeliac Disease)

Q2. What nutrients absorption could be affected by lesion at this location?

- (Iron, carbohydrates proteins)

Q3. Give management outline.

- (Avoidance of Gluten)

Q4. What are different anatomical structure involved in the process of Digestion and Absorption of food?

- Mouth
- Salivary gland
- Stomach
- Small intestine, Large intestine.

Q5. What are different process of Absorption?

- Intraluminal process (Digestion)
- Mucosal process (Absorption)
- Post mucosal (transport) of nutrients.
- Transport is of passive & Active type.

Q6. What are different causes of intestinal Malabsorption.

- Digestive failure caused by enzyme deficiency
- Structural Defects
- Mucosal abnormalities
- Infective agent
- Systemic diseases affecting GIT.