

Five Things Physicians and Patients Should Question

1. Avoid ordering multi-antibody celiac panels and genetic testing for routine evaluation and screening for celiac disease. For all ages, the two most appropriate serum tests to obtain while still eating a gluten-containing diet are (1) tissue transglutaminase IgA and (2) total IgA level.

Tissue transglutaminase (tTG) IgA has high sensitivity and specificity for celiac disease in patients who do not have selective IgA deficiency. Panels that measure multiple antibodies do not significantly increase sensitivity for detecting disease, but do increase cost, as well as risk of false positive tests, and may lead to unnecessary referral and endoscopy. Panels often include Anti-gliadin IgA or IgG antibodies or deamidated gliadin IgA antibodies, which have low specificity. Deamidated gliadin IgG has comparable specificity to tTG IgA and can be obtained as a second line test in patients with selective IgA deficiency, where clinical suspicion is high.

2. Avoid referral to pediatric gastroenterology for children with functional constipation without attempting standard, guideline-based laxative strategies if alarming or “red flag” signs are absent.

Polyethylene glycol (PEG) is a safe, evidence-based therapy for children with functional constipation. Lactulose is also an acceptable first-line alternative laxative. Maintenance treatment with one of these osmotic laxatives should continue for at least 2 months. All symptoms of constipation should be resolved for at least 1 month before discontinuation of treatment. Treatment should be decreased gradually. Alarming or “red flag” signs that should alert the medical provider to a possible underlying condition responsible for the constipation include items such as: constipation starting in infants <1 month of age, delayed passage of meconium, severe abdominal distention, failure to thrive, and sacral abnormalities (see reference 1 for complete list).

3. Do not order stool WBC (fecal leukocytes) to evaluate acute diarrhea. Order appropriate testing for stool pathogens.

The presence of fecal leukocytes and/or gross blood greatly enhance the likelihood that a stool specimen will be positive for a bacterial pathogen. Because negative tests are not adequately predictive to be used as exclusion criteria and testing for stool pathogens is already indicated, fecal leukocyte testing does not add value to the evaluation of acute diarrhea.

4. Avoid testing for *Clostridioides difficile* in infants.

Asymptomatic colonization leading to positive stool tests for *Clostridioides difficile*, including toxigenic strains, is common in the first 2 years of life. As a result, expert guidance recommends that children who are less than 2 years of age should not be routinely tested. For infants with persistent diarrhea (lasting more than 10–14 days), providers should consult a subspecialist (infectious disease or gastroenterology) before ordering *C. difficile* testing.

5. Avoid sending IgG based food sensitivity tests for GI symptoms.

There is ample evidence that IgG testing to identify specific foods that may be associated with GI symptoms is unreliable and should not be performed. The presence of food-specific total IgG levels represents a normal physiologic response of the immune system to exposure, and the presence of IgG4 specific to foods may be a biomarker of tolerance. Food-specific IgG levels are found in healthy children and adults without digestive symptoms. Neither total IgG nor IgG4 levels have been found to correlate with food allergy symptoms in double-blind placebo-controlled food challenges. Food-specific IgG testing is widely disproved as a tool for diagnosing food allergy or for guiding dietary counseling in patients with GI symptoms.

How This List Was Created

The American Academy of Pediatrics Section on Gastroenterology, Hepatology, and Nutrition (SOGHN) consists of pediatric gastroenterologists, pediatricians, trainees, and allied health care professionals who are actively involved in aspects of the study of gastroenterological diseases in infants, children, and adolescents. The Executive Committee of SOGHN developed a list of topics to contribute to the Choosing Wisely initiative. The SOGHN Executive Committee conducted an iterative process to develop a list of potential topics which was ranked by each Executive Committee member. The top 5 topics were further developed by the Executive Committee and subsequently shared with the SOGHN membership and peer reviewed by relevant AAP expert groups for further comment and feedback. The final list was critically reviewed and approved by the AAP Executive Committee.

Sources

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