



Erratum

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Erratum

The publishers would like to apologize for an error that occurred in the title page of *Autoimmunity*, March 2007; 40(2): 103–107.

The correct title page with all correct family names of the authors is shown overleaf.

Celiac disease associated antibodies in persons with latent autoimmune diabetes of adult and type 2 diabetes

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Abstract

Background: Celiac Disease (CD) is present in 1–16.4% of patients with type 1 diabetes mellitus. The most important serological markers of CD are anti-endomysial (EMA), anti-tissue transglutaminase (tTGA) and antigliadin antibodies (AGA).

Aim/hypothesis: The objective of this work is to determine the frequency of tTGA and/or AGA in latent autoimmune diabetes of adult (LADA) and subjects with type 2 diabetes (T2DM), as well as to evaluate their relation with several clinical and biochemical characteristics.

Subjects and Methods: Forty three subjects with LADA and 99 with T2DM were studied. The presence of AGA, tTGA was determined in the sera of these patients. The variables: sex, age, duration of diabetes, treatment, body mass index (BMI) and fasting blood glucose concentration were also recorded.

Results: No differences were found in the frequency of celiac disease associated antibodies between LADA and T2DM subjects. The presence of celiac disease related antibodies was more frequent in patients with a normal or low BMI.

Conclusions: Celiac disease does not seem to be related with pancreatic autoimmunity in type 2 diabetes. Celiac disease causes a decrease of body mass index in type 2 diabetes while pancreatic islet autoimmunity in this entity masks this effect.

Keywords: Celiac disease, LADA, type 2 diabetes, antitissue transglutaminase antibodies, antigliadin antibodies, body mass index

Introduction

Type 1 diabetes (T1DM) and latent autoimmune diabetes of adult (LADA) have been described to be associated with several autoimmune diseases such as thyroiditis, vitiligo, chronic gastritis, pernicious anemia, alopecia, rheumatologic abnormalities and celiac disease among others [1–3].

Celiac disease (CD) or gluten-sensitive enteropathy is an autoimmune disorder characterized by permanent intolerance to gluten-containing cereals, wheat, barley and rye. The clinical symptoms usually disappear on a gluten-free diet. The classical clinical manifestation of

celiac disease is characterized by malabsorption, abnormal stools, diarrhea or steatorrhea, abdominal distention, weight loss and poor growth. However, recent studies have revealed that typical symptoms are present in 20–30% of patients. Most of them only show atypical extraintestinal manifestations or bear asymptomatic (silent) or monosymptomatic celiac disease. Symptoms that indicate the diagnosis of celiac disease are bloating flatulence, chronic diarrhea, and lactose malabsorption. A great diversity of malabsorption may exist, including anemia due to deficiency of iron or folic acid. The untreated patients also show recurrent

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