



CELIAC DISEASE- A CASE STUDY

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ABSTRACT

People who have celiac disease have a disorder that makes their bodies react to gluten. The precise cause of celiac disease isn't known. When they eat gluten, an immune system reaction to the protein gradually damages the villi in the small intestine. When the villi are damaged, the body can't absorb the vitamins, minerals, and other nutrients. People with celiac disease are therefore at risk of malnutrition and can develop anaemia or osteoporosis.

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INTRODUCTION

Case Study of Master X

Master X having 7 years age admitted in. Hospital with cleft the complain of abdominal bloating, chronic diarrhoea, stomach pain, nausea, vomiting. After the through physical examination and investigation the paediatrician diagnosed it as celiac disease. Nil significant of family medical history. Master X had significant history of diarrhoea. Nil significant of past surgical history.

Incidence-Celiac disease occur one in 100 births.

Clinical Manifestations

Book picture	In patient
1. Abdominal Bloating	Present
2. Chronic Diarrhoea	Present
3. Constipation	Occasionally
4. Foul-Smelling, Or Fatty Stool	Present
5. Stomach Pain	Present
6. Nausea And Vomiting	Present
7. Slowed Growth And Short Stature	Delayed growth
8. Irritability Or Change In Mood	In between he cries
9. Skin rashes	Present

Diagnostic Evaluation

Book Picture	In Patient
Medical history	Taken
Physical examination	Done
Blood investigation	Tissue Transglutaminase Antibodies (tTG-IgA) test- positive
Biopsy	Not done

Management of Master X

- Tinidazole 2g orally once a day with food for 2days
- There is no cure for celiac disease; the only treatment is a gluten-free diet.
- Avoid all foods made from wheat, rye, and barley. Examples are breads, cereals, pasta, oats, crackers, cakes, pies, cookies, and gravies.
- Beware of tablets, capsules, and vitamin preparations that contain gluten.
- Avoid milk and other dairy products that contain lactose. Untreated patients with celiac disease often are lactose intolerant.

Nursing Intervention

Disturbed sleeping pattern related to stomach pain as evidenced by mother verbalization.

1. Calm and quite environment provided to patient
2. Water is provide to baby
3. Proper ventilation is provided
4. Love and affection is provided.

Impaired family process related to child physical discomfort as evidenced by mother verbalization

1. Education is provided to the mother regarding the condition.
2. Family is prepared for the long term care.
3. Pictures of other children were shown who are recovered from the condition.

4. Diet chart is provided to mother.

Impaired nutritional less than body requirement related to vomiting as evidenced by the weight of the baby

1. Observe the child during taking food.
2. Measure intake/output
3. Weight child daily
4. Small and frequent meal is given to the child
5. Diet chart is provided to mother.

Summary

Master X was cooperative with health personnel. Although his symptoms were well responding to the treatment. He did not develop further complications during the hospital stay.

CONCLUSION

Prevention of disease is of fundamental importance. When prevention of disease is not possible, prevention of further complication is a priority. The nurse should include family members and other support systems when planning a patient care.

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