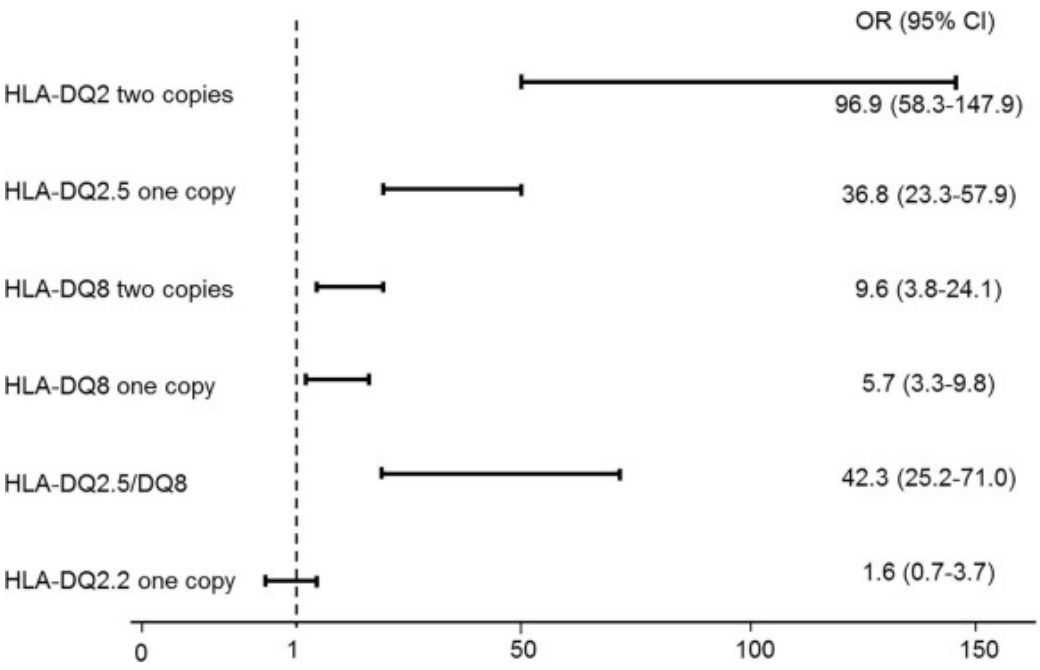
Figure. Tissue transglutaminase-immunoglobulin A positivity according to HLA-DQ heterodimer



OR indicates odds ratio.

Figure shows the risk gradient of tissue transglutaminase (tTG) IgA positivity according to the HLA-DQ haplotype combination. Compared with patients who had non-permissive HLA-DQ heterodimers, patients who had HLA-DQ2 homozygosity (HLA-DQ2.5/DQ2.5, HLA-DQ2.5/DQ2.2, or HLA-DQ2.2/DQ2.2) showed increased odds for tTG-IgA positivity (OR = 96.9; 95% CI, 58.3–147.9, p < .0001). Patients with 1 copy of HLA-DQ2.5 also had increased odds for tTG-IgA positivity, and, interestingly, the odds for patients who were compound heterozygous for HLA-DQ2.5 and HLA-DQ8 (OR = 42.3; 95% CI, 25.2–71.0, p < .0001) were similar to those for HLA-DQ2.5 heterozygotes (OR = 36.8; 95% CI, 23.3–57.9, p < .0001), suggesting that a single HLA-DQ8 haplotype may not provide additional risk for tTG-IgA positivity. HLA-DQ8 carriers also showed increased odds for tTG-IgA positivity.

Figure from Choung RS, Mills JR, Snyder MR, Murray JA, Gandhi MJ: Celiac disease risk stratification based on HLA-DQ heterodimer (HLA-DQA1 approximately DQB1) typing in a large cohort of adults with suspected celiac disease. Hum Immunol. 2020 Feb-Mar;81(2-3):59-64. doi: 10.1016/j.humimm.2020.01.006. Available at www.sciencedirect.com/science/article/pii/S0198885919312996?via%3Dihub