

A NOTE ON GLUTEAL WASTING AS A SIGN OF CÆLIAC DISEASE.

BY

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As far as I know attention has not been called to a sign which I have often found to be an aid in the clinical recognition of cœliac disease, namely, wasting of the buttocks.

This is seen at a comparatively early stage of the disorder and is apt to persist for a long time, even where improvement is otherwise occurring satisfactorily under treatment. The degree of gluteal wasting varies to some

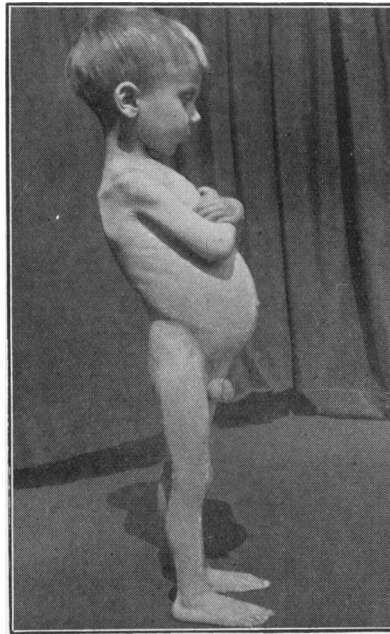


Fig. 1.—R.N., aged 4½. Cœliac infantilism: considerable emaciation; buttocks completely flattened, so that thighs appear set into trunk like the wooden limbs of a toy.

extent according to the general nutrition of the patient. In a plump child the buttocks look merely small; in a very wasted child they look flattened and atrophied. Yet, in my opinion at least, the degree of wasting in the gluteal region is disproportionately greater than that in the rest of the body, and it is this that gives the sign its diagnostic value.

The accompanying illustrations show the appearance of the buttocks in three cases of cœliac infantilism in different conditions of nutrition.

CASE 1. R.N., male, aged 4½, a very emaciated, stunted example of untreated cœliac infantilism. The buttocks are much atrophied and flattened almost out of recognition, so that the stick-like thighs appear to be set into the trunk like the wooden limbs of a toy (Fig. 1).

CASE 2. S.T., male, aged 6, a slight and small child with partially treated coeliac disease. The wasting of the buttocks shows well here, for the child is fairly well covered and the lower limbs are thin but shapely, yet the gluteal region is both very small and flat (Fig. 2).

CASE 3. F.S., female, aged 7, a plump but very stunted untreated case. The buttocks are seen to be rounded but very small. The patient is standing next to a normal child a year younger than herself to demonstrate the degree of stunting of her growth (Fig. 3).

I have not met with quite the same disproportionate wasting of the buttocks in other conditions which may, pending an examination of the fæces, be mistaken for, or confused with, coeliac disease. Thus in cases of chronic diarrhœa (as, for instance, from infection by *Lambliæ Intestinalis*), or of persistent intestinal indigestion and toxæmia, the history of illness, the symptoms and general appearance of the child may often give rise to a suspicion

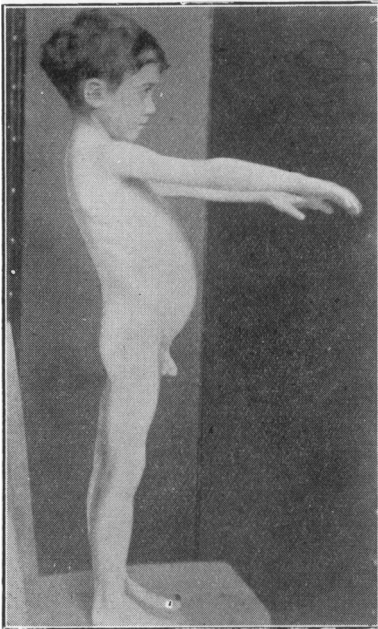


Fig. 2.—S.T., aged 6. Cœliac infantilism : general nutrition fair ; buttocks small and flat.

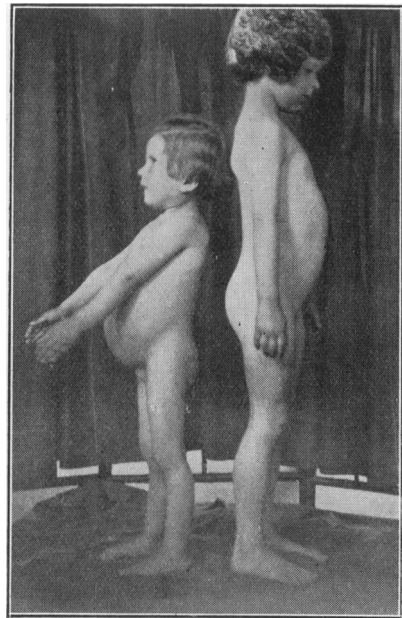


Fig. 3.—F.S., aged 7. Cœliac infantilism : plump but much stunted in growth ; buttocks rounded but very small. (The taller of the two children is a normal child of six for comparison.)

of coeliac disease, especially if the milder, non-diarrhœic types as well as the classical type of the disorder are kept in mind. A glance at the back view of the patient may be a guide in such circumstances : where wasting of the buttocks is conspicuously present, it is a point much in favour of a positive diagnosis of coeliac disease.

This small diagnostic point, the gluteal wasting, may well be associated in one's mind with the other symptoms which occur in the lower extremities in coeliac disease ; namely, pains, difficulty in walking, and loss of knee-jerk. Of these the last named is the most constant.