Reidun Stenberg received her M.D. degree in 1985 from the Faculty of Health Sciences at Linköping University. She did her internship at Malarsjukhuset in Eskilstuna as well as her pediatric training, which was completed in 1993. She specialized in Child Neurology and became a neuropediatrician in 1998 and is currently working at the Pediatric Department, University Hospital in Örebro with special interest in Child Neurology. Prior to her medical studies she was educated to a biomedical scientist and worked for some years at the Medical Products Agency (MPA) "Läkemedelsverket", which is the Swedish national authority responsible for regulation and surveillance of the development, manufacturing and marketing of drugs and other medicinal products. There arose the interest in research which became a reality, several years later and she was registered as a PhD student in December 2005 at School of Health and Medical Sciences at Örebro University with Professor Jens Schollin as her first supervisor followed by Professor Curt Tysk later on. She has also for more then ten years been a teacher at Örebro University.

Cerebral palsy (CP) is one of the most common physical disorders in children that affects motor function. The prevalence in Sweden is 2/1000 live births. Many of the children and youth with CP have a poor growth. Celiac disease (gluten intolerance) (CD) is an immune -mediated enteropathy induced by gluten and affects about 1% of the general population. Children with untreated CD will gain poor weight and height. This doctoral thesis has focused on these two chronic diseases, where 99 children and youth with CP have been investigated for the presence of gluten and dietary antibodies. The results show that more than half of the children with CP have antibodies against gluten, but they do not have an increased occurrence of gluten enteropathy. There is also a higher frequency of antibodies against milk and eggwhite compared to controls. The elevated antibody levels were seen in children with the most severe handicap and with lowest weight. These findings may be related to an abnormal intestinal permeability, possibly secondary to malnourishment and underweight, resulting in immunisation against various dietary antigens.