Olmesartan-medoxomil

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Sprue-like enteropathy: case report

A 66-year-old man developed sprue-like enteropathy during treatment with olmesartan medoxomil for hypertension.

The man developed watery diarrhoea in March 2020. He had been receiving olmesartan medoximil [olmesartan] 20mg daily for 4 years [*route not stated*]. He described a 2 month history of diarrhoea with 10 daily episodes and weight loss of about 5kg. He also reported abdominal pain without nausea, vomiting or fever. Rifaximin was empirically prescribed without any improvement of symptoms. Blood tests revealed hypoproteinaemia. Infectious aetiologies were negative. Faecal calprotectin was elevated. He was admitted to the hospital due to worsening of symptoms. An abdominal CT scan revealed diffuse enhancement on the mucosa of the descending-sigmoid colon and enlargement of the mesenteric lymph nodes. A colonoscopy and an oesophagogastroduodenoscopy were performed. A colonoscopy in the distal transverse and the descending-sigmoid colon revealed linear ulcers with fibrin. Biopsy findings led to a diagnosis of collagenous colitis. Gastroscopy revealed diffuse mucosal erythema and nodularity and multiple small antral and pyloric starry erosions. Duodenal mucosa appeared endoscopically normal. The biopsies from the corpus/fundus and antrum showed active chronic gastritis. Histology findings were consistent with a diagnosis of collagenous gastritis associated with lymphocytic gastritis. Duodenum biopsies showed neither villous blunting nor intraepithelial lymphocytosis. Considering the medical history and negative workup for infectious causes, it was considered that his symptoms and all histological findings could be related to the use of olmesartan medoxomil [*time to reaction onset not stated*].

The man discontinued olmesartan medoxomil therapy and clinical remission was achieved. After 3 months, he had a bilateral non-Covid-19 related interstitial pneumonia requiring hospitalization. As a result of unspecified antibacterial therapy, profuse non-watery diarrhoea appeared and parenteral nutrition was needed. A second colonoscopy was performed and the clinicians questioned the first diagnosis. The colonoscopy revealed a normal mucosa. The ileal mucosa was histologically normal. Histological findings of biopsies of all colonic segments were consistent with a antibiotic-induced colitis, together with remission of previous collagenous colitis. The absence of both endoscopic lesions and histological features found during the first diarrhoeal episodes, confirmed that the earliest damages (sprue-like enteropathy) were due to olmesartan medoxomil. In the second series of colonic biopsies, an increase of eosinophils in the left colon was observed. This finding was consistent with allergic reaction to antibiotics. As a consequence of pneumonia recovery, the antibiotic therapy was discontinued and consequently diarrhoea disappeared. He was well at 9 months follow-up.

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