

[ PICTURES IN CLINICAL MEDICINE ]

## Olmesartan-associated Enteropathy Mimics Endoscopic Findings of Celiac Disease

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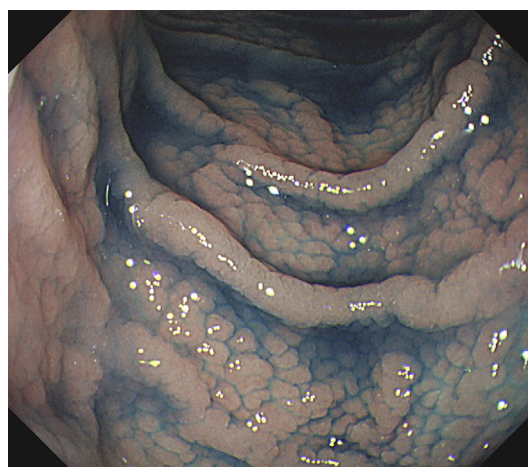
**Key words:** olmesartan, enteropathy, celiac disease

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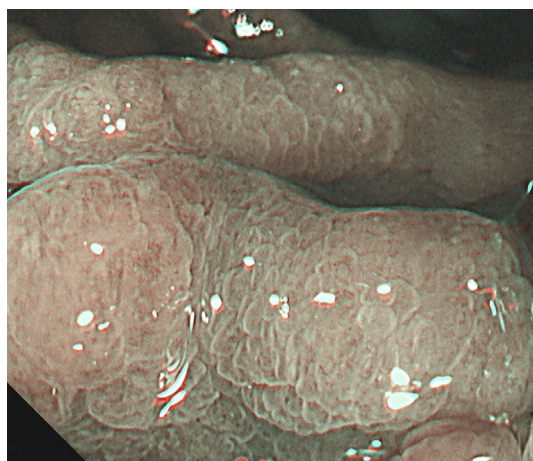
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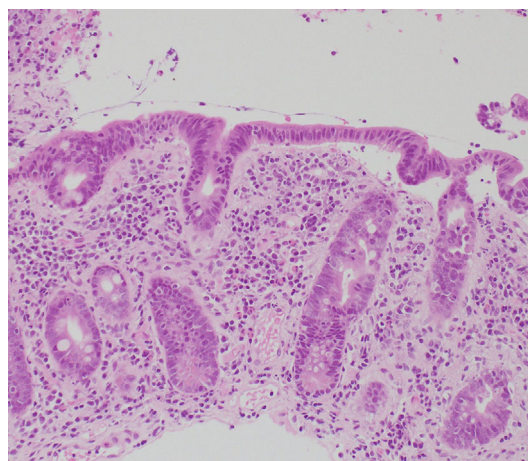
Picture 1.



Picture 2.



Picture 3.



Picture 4.

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A 75-year-old woman who had been taking olmesartan-azelnidipine-combination tablets for 1.5 years for hypertension was hospitalized due to >10 watery diarrhea stools/day and 10-kg weight loss. Computed tomography showed small intestine dilation and increased wall thickness (Picture 1). Stool culture showed normal flora. Esophagogastroduodenoscopy showed granular changes in the descending duodenum, and magnifying endoscopy with narrow-band imaging and a biopsy showed villous atrophy (Pictures 2-4), a characteristic finding of celiac disease (1). Symptoms were not improved on a 2-week gluten-free diet, and anti-tissue transglutaminase IgA antibody was negative, ruling out celiac disease. Sprue-like enteropathy caused by olmesartan was suspected, and when olmesartan-azelnidipine was discontinued, diarrhea improved within 1 week, and her body weight increased by 8 kg within 2 months. No diarrhea occurred on resumption of azelnidipine. Although computed tomography also showed colon dilation, the colonoscopic findings were normal, and biopsies revealed no collagen

bands and few intraepithelial lymphocytes. The final diagnosis was olmesartan-associated enteropathy (OAE). There are few reports of endoscopic findings in OAE (2). OAE may cause sprue-like diarrhea similar to celiac disease, and duodenoscopic findings may also be similar.

**The authors state that they have no Conflict of Interest (COI).**

## References

1. Dickey W. Endoscopic markers for celiac disease. *Nat Clin Pract Gastroenterol Hepatol* **3**: 546-551, 2006.
2. Ianiro G, Bibbò S, Montalto M, Ricci R, Gasbarrini A, Cammarota G. Systematic review: sprue-like enteropathy associated with olmesartan. *Aliment Pharmacol Ther* **40**: 16-23, 2014.

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