

Olmesartan-Induced Enteritis: When Symptoms Do Not Improve With Drug Discontinuation

Lindsey Jones MD, Pratik Patel MD, Vishal Rana MD, Mentallah Algoahary MD
John T. Mather Memorial Hospital, Northwell Health

Introduction

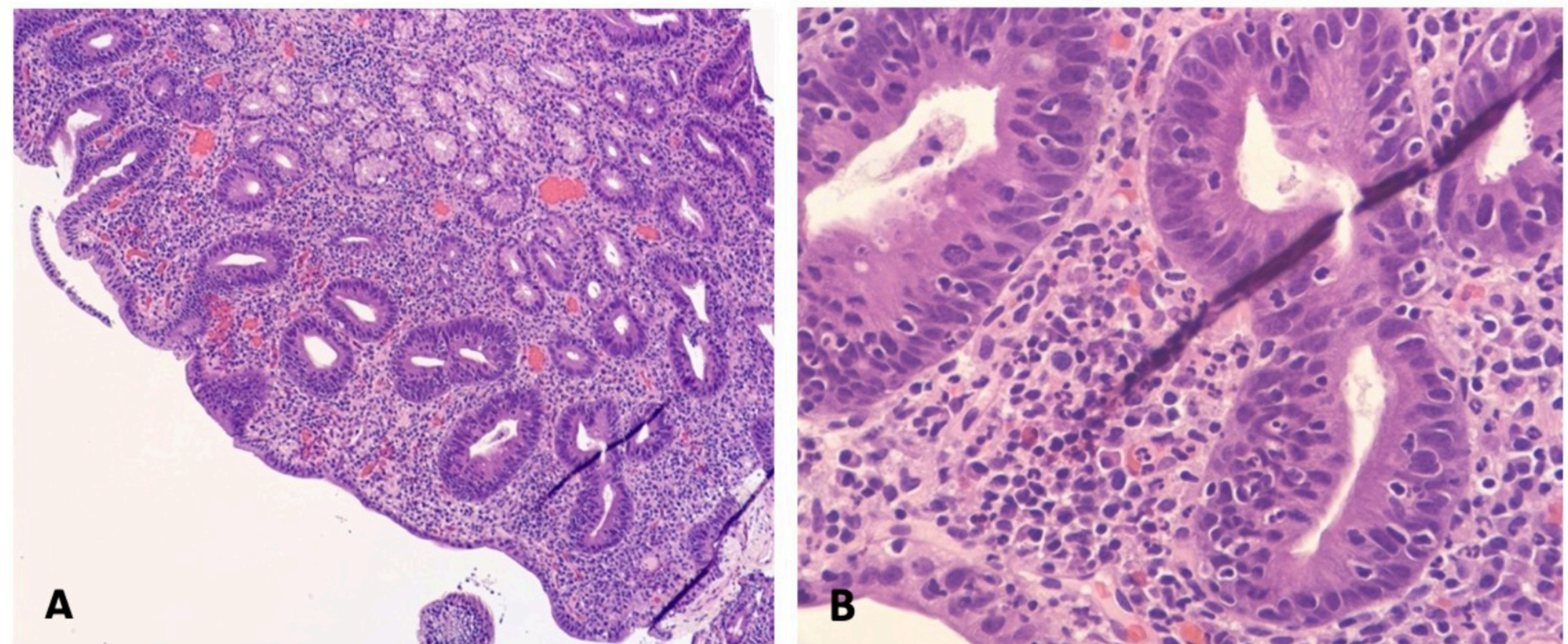
- Severe diarrhea is a well-known, but rare, complication of Olmesartan
- Enteropathy caused by Olmesartan is histologically similar to Celiac disease but with negative celiac serology's and lack of response to a gluten free diet
- Most cases resolve with the discontinuation of the medication
- We present a case of Olmesartan induced enteropathy that only improved after initiation of budesonide.

Case Presentation

- 73-year-old female with a history of hypertension, presented with complaints of nausea, vomiting and watery diarrhea for 3 months
- Initial workup with bloodwork, stool studies and imaging were all unremarkable as well as recent outpatient colonoscopy
- Medication review did not reveal any typical culprits of microscopic colitis
- Celiac serologic testing was normal
- Upper endoscopy was performed with duodenal biopsies revealing moderate active chronic duodenitis with blunting of villous architecture and increased intraepithelial lymphocytic infiltrate, suspicious for celiac sprue
- Closer review of her medications revealed a prescription for Olmesartan which was started 5 months prior
- Olmesartan was discontinued, but she continued to have significant diarrhea, up to 2.5L daily, for over a week after discontinuation
- Oral budesonide was started with rapid improvement in symptoms

Discussion

- The initial workup for chronic diarrhea involves a thorough medication review along with dietary modifications
- Physicians who prescribe Olmesartan should be aware of the enteropathy it can cause, as it is likely more common than expected
- Other drugs such as **azathioprine**, **colchicine**, **mycophenolate**, **methotrexate** and **neomycin** can also cause enteropathy
- Timely diagnosis can help decrease healthcare utilization and patient discomfort
- In cases such as ours, the enteropathy can be severe enough to result in hospital admission
- Immunosuppressant's such as steroids or azathioprine have shown great efficacy in treatment of these refractory cases.



Histology of duodenal biopsy showing (A) Moderate active chronic duodenitis with blunting of villous architecture and (B) Increased intraepithelial lymphocytic infiltrate