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INTRODUCTION

- Lymphocytic gastritis (LG) has been associated with celiac disease (CeD), *H. pylori*, varioliform gastritis, common variable immunodeficiency (CVID), Crohn's disease, and human immunodeficiency virus (HIV), and less frequently with gastric lymphoma, esophageal carcinoma, gluten ingestion, and inflammatory polyps
- There has been evidence associating chronic angiotensin receptor blocker (ARB) use with about ten cases of symptomatic LG (at times also with associated duodenal lymphocytosis)
- Patients experienced resolution of symptoms and LG after cessation of the ARB
- Our case series aimed to describe the prevalence and presentation of ARB-associated LG at a large academic health system (**Figure 1**)

METHODS

- Retrospective chart review of 149 patients with histologic diagnosis of LG
- 6/149 (4.0%) had been on an ARB at diagnosis, of those 2/6 were excluded due to CeD
- The remaining 4 (2.7%) patients are included in this case series (**Table 1**)
 - Mean age of 70.8 years
 - 75% Asian
 - 75% female

RESULTS

- LG presented as dyspepsia, bloating, nausea, vomiting, diarrhea, anorexia, and weight loss
- LG-associated comorbidities were ruled out by ancillary testing for CeD, *H. pylori*, and HIV
- Endoscopic evaluation ruled out upper GI malignancies
- Gastroduodenal biopsies were negative for CeD, Crohn's disease, inflammatory polyps, malignancy, and *H. pylori*
- Various ARBs are implicated (valsartan, olmesartan or losartan) and ARB has been in use for up to 9 years prior to LG diagnosis
- Interestingly, one patient with LG had associated duodenal lymphocytosis (or "lymphocytic gastroduodenitis"), while another had also the more commonly described ARB-induced sprue-like enteropathy

CASE SERIES POPULATION

Figure 1. Flowchart of LG secondary to ARB use

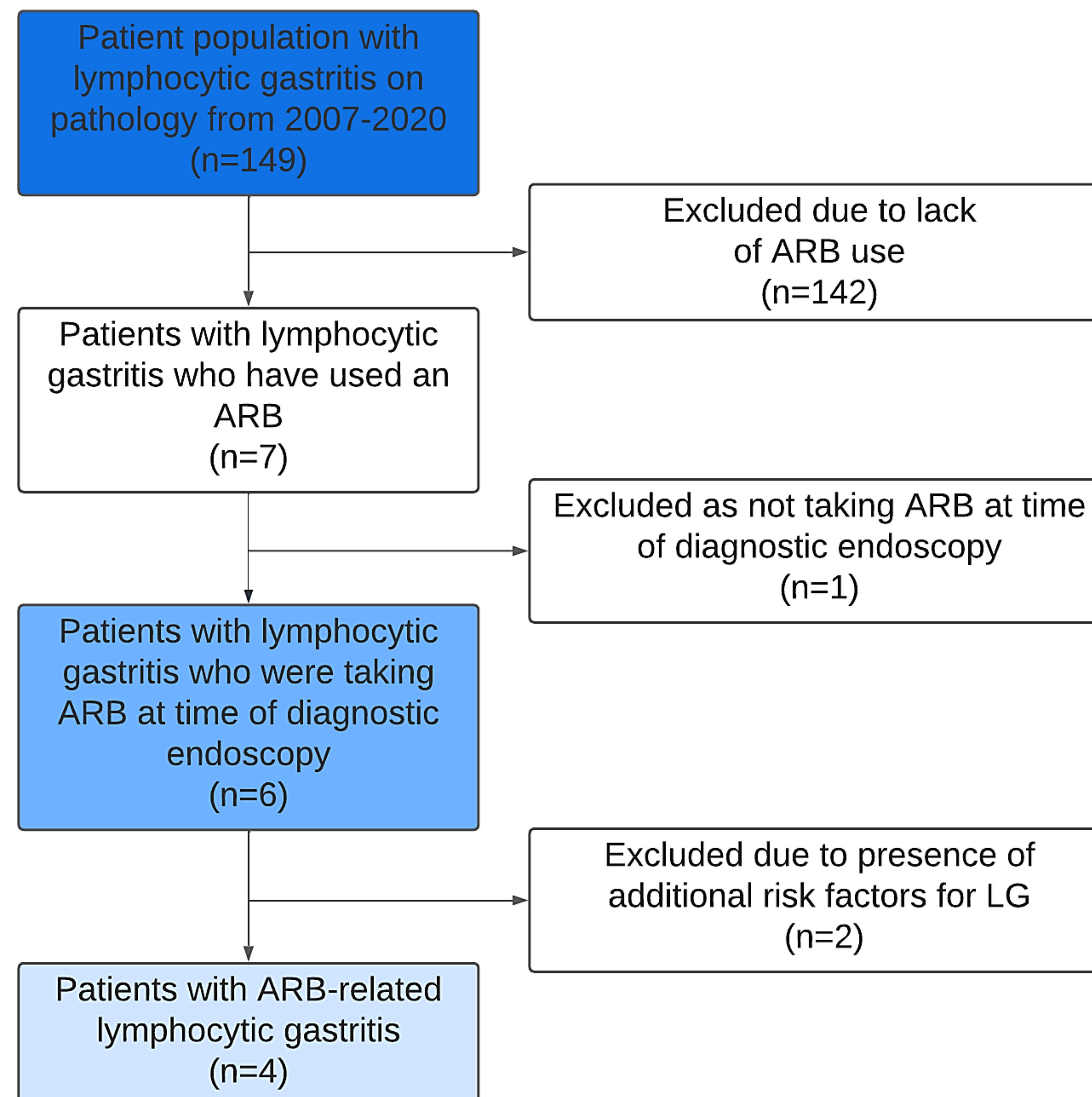


Table 1. Demographic, clinical and histologic characteristics of patients with LG in the setting of ARB use without additional LG-associated comorbidities

Patient	Age (yrs)	Gender	Race	Presenting Symptoms	Gastric Histology	Duodenal Histology
Case 1	85	Female	Asian	Post-prandial abdominal pain and nausea, weight loss	LG with mild antral inflammation and focal intestinal metaplasia (IM); LG with moderate angularis inflammation; LG with moderate body inflammation and multifocal IM	None
Case 2	70	Female	White	Chronic nausea, vomiting and diarrhea, early satiety, significant weight loss	LG involving the antrum	Severe active duodenitis with complete villous atrophy; mild active inflammation and significant crypt dropout in jejunum
Case 3	71	Female	Asian	Unknown	LG in body and fundus; chronic antral and oxyntic gastritis	Increased intraepithelial lymphocytosis in the duodenal bulb
Case 4	57	Male	Asian	Chronic post-prandial abdominal pain and bloating	LG of antrum	Unremarkable

CONCLUSIONS

- Following exclusion of the common causes of LG, physicians should consider ARB-associated LG as a potential cause
- ARB-associated LG should especially be considered in elderly Asian females
- LG can develop even after years of ARB use
- Increased awareness of this rare, but reversible, disease process could significantly improve the health outcomes of affected individuals

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