Olmesartan induced enteropathy

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ABSTRACT

61 year old man, presented with 2 weeks of watery diarrhoea, up to 20 times/day associated with 10 kg weight loss and decreased urine output. The patient denied travel history and antibiotic used prior to admission.

His past medical history included hypertension and gastro-oesophageal reflux disease, taking Pantoprazole 40 mg daily, Olmesartan 40 mg/Amlodipine 10 mg/Hydrochlorothiazide 25 mg daily, and Atenolol 50 mg daily.

On admission, urea was 32.5 mmol/L, Cr 699 umol/L secondary to severe dehydration, responded well to intravenous fluid therapy, and normalised Cr within 5 days, but ongoing diarrhoea. All antihypertensive medications were ceased on admission and recommenced 3 days after.

Stool sample was negative for viral, bacterial and protozoa PCR multiplex, and Clostridium difficile. He had ongoing diarrhoea required intravenous fluid therapy. Subsequently upper endoscopy and colonoscopy were performed; endoscopic findings were normal oesophagus, stomach and duodenum and normal colonoscopy including normal terminal ileum. Small bowel biopsies (duodenum and terminal ileum) showed the features of active chronic inflammation with partial villous atrophy; numbers of intraepithelial lymphocytes are less than is typical for coeliac disease. Coeliac serology was negative.

Olmesartan was then ceased again for potential cause of medication induced enteropathy. Patient’s symptoms significantly improved 1 week after cessation of Olmesartan and discharged home. The pharmacist record showed that patient was taking Olmesartan for 12 months before presentation.

Olmesartan has been reported to be associated with an increased risk of hospitalisation for intestinal malabsorption, and risk increased with duration of Olmesartan exposure\(^1\). This case report is an example of severe case of Olmesartan induced enteropathy.

REFERENCES