

## Olmesartan induced enteropathy

Montri Gururatsakul

Montri Gururatsakul, Department of Gastroenterology and Hepatology, Princess Alexandra Hospital, Queensland, Australia

**Conflict-of-interest statement:** The authors declare that there is no conflict of interest regarding the publication of this paper.

**Open-Access:** This article is an open-access article which was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>

**Correspondence to:** Montri Gururatsakul, Department of Gastroenterology and Hepatology, Princess Alexandra Hospital, Queensland, Australia.

**Email:** [montri\\_g@yahoo.com](mailto:montri_g@yahoo.com)

**Telephone:** +12368633325

**Received:** January 30, 2019

**Revised:** January 5, 2018

**Accepted:** February 6, 2018

**Published online:** February 21, 2019

### ABSTRACT

61 year old man, presented with 2 weeks of watery diarrhoea, and acute kidney injury. His past medical history included hypertension and gastro-oesophageal reflux disease, taking Olmesartan 40 mg/Amlodipine 10 mg/Hydrochlorothiazide 25 mg daily, which was ceased and recommenced when Creatinine improved. Upper endoscopy and colonoscopy were normal. Small bowel biopsies (duodenum and terminal ileum) showed the features of active chronic inflammation with partial villous atrophy. 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. This case report is an example of severe case of Olmesartan induced enteropathy.

**Key words:** Olmesartan, Enteropathy

© 2019 The Authors. Published by ACT Publishing Group Ltd. All rights reserved.

Gururatsakul M. Olmesartan induced enteropathy. *Journal of Gastroenterology and Hepatology Research* 2019; **8(1)**: 2823 Available from: URL: <http://www.ghrnet.org/index.php/joghr/article/view/2512>

### CASE REPORT

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. He 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. Colonic biopsies showed minimal acute inflammation, changes are not those of microscopic colitis. 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<sup>[1]</sup>. This case report is an example of severe case of Olmesartan induced enteropathy.

### REFERENCES

1. Basson M, Mezzarobba M, Weill A, Ricordeau P, Allemand H, Alla F, et al. Severe intestinal malabsorption associated with olmesartan: a French nationwide observational cohort study. *Gut*. 2015 Aug 6.