Drug-induced small-bowel mucosal atrophy

A 65-year-old man being treated with olmesartan for arterial hypertension was admitted because of chronic diarrhea and marked weight loss of about 15 kg during the past year. He had no fever or abdominal pain. He had not traveled recently to other countries and had no domestic pets. Blood tests showed normocytic anemia (11.9 g/dL) and hypoalbuminemia (30.4 g/L). The leukocyte count, C-reactive protein level, and liver chemistries were normal. Serology for celiac disease was negative, the thyroid hormone levels were normal, the autoimmune study and immunoglobulin levels were normal, and the results of stool analysis (Clostridium, virology, bacteriology, mycobacteriology, and parasitology) were negative. Abdominal computed tomography was unremarkable, showing no evidence of pancreatic disease. Upper gastrointestinal endoscopy showed a paucity of duodenal folds, and the colonoscopy findings were normal. Capsule enteroscopy showed smooth mucosa in the duodenum and jejunal (Fig. 1 a–d), with areas of total loss of villi. Duodenal and jejunal biopsies showed unspecific mucosal atrophy, with negative results of an immunohistochemistry study for celiac disease and negativity for amyloid, granulomas, microorganisms, and malignancy.

Because of the negative results of an extensive work-up and the relapsing nature of the patient’s symptoms, which were simultaneous with long periods of drug intake, his diarrhea was attributed to the olmesartan. The drug was discontinued, and the patient progressively recovered during the following weeks, with a return to his normal weight and blood values and with no further relapses after 1 year of drug withdrawal.

Olmesartan-induced enteropathy is a newly described entity, with nearly 50 cases in the literature recently reviewed [1]. However, capsule enteroscopy images of this unique form of small-bowel atrophy have not been previously published.

Endoscopy_UCTN_Code_CCL_1AC_2AH

Competing interests: None

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DOI http://dx.doi.org/10.1055/s-0034-1377984
Endoscopy 2015; 47: E8
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

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Santos-Antunes João et al. Drug-induced small-bowel mucosal atrophy... Endoscopy 2015; 47: E8