Dear Editors,

We read with great interest the case reports by da Silva et al., Carneiro et al. and Eusébio et al. published in the late issue of GE Portuguese Journal of Gastroenterology.

We would like to emphasize the clinical relevance of this topic regarding its, until recently, unrecognized features and share our small case-series experience (Table 1).

Curiously, in both cases symptoms developed long (fourteen and ten months, respectively) after starting therapy. This has rarely been addressed and may difficult the diagnosis.

The primary care physicians were informed and advised to switch class of medication in these cases. There were no recurrences of symptoms during follow-up.

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
<th>Time of diagnosis</th>
<th>Clinical presentation</th>
<th>Duration of symptoms</th>
<th>Laboratory findings</th>
<th>Response to eviction of olmesartan</th>
<th>Time of follow-up endoscopy/histology</th>
<th>Resolution of histological changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>72</td>
<td>2014</td>
<td>Chronic diarrhea; abdominal discomfort</td>
<td>6 months</td>
<td>Normocytic anemia; hypoK; hypoAlb</td>
<td>Clinical remission</td>
<td>3 months</td>
<td>Yes</td>
</tr>
<tr>
<td>F</td>
<td>52</td>
<td>2015</td>
<td>Chronic diarrhea</td>
<td>4 months</td>
<td>Electrolyte abnormalities (severe hypoK and hypoMg)</td>
<td>Clinical remission</td>
<td>6 months</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Table 1. Clinical features of two cases of sprue-like enteropathy associated with olmesartan. F, Female; hypoK, hipokalemia; hypoAlb, hypoalbuminemia; hypoMg, hypomagnesemia.
References


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