LETTER TO THE EDITOR

Sprue-Like Enteropathy Associated with Olmesartan: An Unrecognized Emerging Drug-Induced Enteropathy?

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.

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.

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

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
<th>Time of diagnosis</th>
<th>Clinical presentation</th>
<th>Duration of symptoms</th>
<th>Laboratorial 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>

DOIs of original articles:
http://dx.doi.org/10.1016/j.jpge.2015.10.007,
http://dx.doi.org/10.1016/j.jpge.2015.12.003,
http://dx.doi.org/10.1016/j.jpge.2015.09.005
http://dx.doi.org/10.1016/j.jpge.2016.06.004
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References


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