REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

Title:
Atrophic enteropathy refractory to a gluten-free diet: what should we consider?

Authors:
Alicia Martín-Lagos Maldonado, Fátima García-Consuegra Ruiz-Aragón, Myriam del Carmen Herrera Mercader

DOI: 10.17235/reed.2020.6361/2019
Link: PubMed (Epub ahead of print)

Please cite this article as:
Martín-Lagos Maldonado Alicia, García-Consuegra Ruiz-Aragón Fátima, Herrera Mercader Myriam del Carmen. Atrophic enteropathy refractory to a gluten-free diet: what should we consider?. Rev Esp Enferm Dig 2020. doi: 10.17235/reed.2020.6361/2019.

REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

CC 6361 inglés

Atrophic enteropathy refractory to a gluten-free diet: what should we consider?

Alicia Martín-Lagos Maldonado[1], Fátima García-Consuegra Ruiz-Aragón[2] and Myriam del Carmen Herrera Mercader[2]

[1]Digestive Diseases Service. Hospital San Cecilio. Granada, Spain. [2]Digestive Diseases Services. Hospital Virgen de Altagracia. Manzanares, Ciudad Real. Spain

Correspondence: Alicia Martín-Lagos Maldonado
e-mail: aliciamartin-lagos@hotmail.com

Keywords: Immune enteropathy. Celiac disease. Olmesartan. Intestinal atrophy.

Dear Editor,

A 67-year-old female came to the clinic because of diarrhea for the past eight months and weight loss of 28 kg. She was under treatment with olmesartan for blood hypertension, with no other history of interest, and denied taking non-steroidal anti-inflammatory drugs (NSAIDs) or other medications. Blood tests revealed iron-deficiency anemia, albumin at 2.5 g/dl and normal anti-tissue transglutaminase immunoglobulin-A (tTG-IgA) antibodies. Further testing included: a) gastroscopy, which identified erosive pangastritis (histology with eosinophilic microabscesses and lymphoplasmacytic infiltrates in the absence of *Helicobacter pylori*) and scalloped duodenal mucosa, and biopsies, which revealed complete villous atrophy plus lymphoplasmacytic-neutrophilic infiltrates and eosinophils in the corion, thus suggesting celiac disease; b) a colonoscopy with evidence of ulcerative ileitis with inflammatory infiltration matching that identified in the duodenum; and c) positive genetics for celiac disease with HLA DQ2 positivity. Gluten suppression from the diet resulted in no clinical or histological improvement. A subsequent capsule endoscopy procedure identified small fibrinous erosions spread throughout the small bowel (Fig. 1) and a new histological assessment by experts was requested. This suggested a toxic

origin, such as in association with angiotensin II inhibitors. The patient discontinued olmesartan and reintroduced dietary gluten, which resulted in clinical improvement within one week. Five months later, a gastroscopy confirmed the histological resolution of gastric and duodenal findings and a second colonoscopy showed that the ileal lesions had disappeared. A diagnosis of olmesartan-related enteropathy was proposed.

Discussion

Olmesartan-associated sprue-like enteropathy is a rare condition that mimic disorders such as celiac disease or autoimmune enteropathy, both clinically and histologically. It may involve any portion of the gastrointestinal tract (1,2) and manifests with severe chronic diarrhea and weight loss and represents the second most common cause of seronegative intestinal villous atrophy. It should be considered in celiac patients that fail to respond to gluten-free diet (3-5). In the absence of specific histopathological data, its diagnosis requires suspicion based on a history of olmesartan use and the exclusion of other causes (5). The disappearance of any findings following discontinuation is supportive of this diagnosis.

References

1. Machado I, Reolid M, Martínez de Juan F, et al. Sprue-like enteropathy associated with olmesartan in a patient with villous atrophy, HLA-DQ2 genotype and antinuclear antibodies. Rev Esp Enferm Dig 2016;108(11):732-3.

2. Shenbagaraj L, Swift G. Olmesartan-associated severe gastritis and enteropathy. BMJ Case Rep 2018;11:e226133. DOI: 10.1136/bcr-2018-226133

3. Burbure N, Lebwohl B, Arguelles-Grande C, et al. Olmesartan-associated sprue-like enteropathy: a systematic review with emphasis in histopathology. Hum Pathol 2016;50:127-34. DOI: 10.1016/j.humpath.2015.12.001

4. Campos Ruiz A, Urtasun Arlegui L, Marra-López Valenciano C. Sprue-like enteropathy linked to olmesartan. Rev Esp Enferm Dig 2016;108(5):292-3. DOI: 10.17235/reed.2016.4140/2015

5. Umetsu S, Brown I, Langer C, et al. Autoimmune enteropathies. Virchows Arch 2018;472:55-66. DOI: 10.1007/s00428-017-2243-7

REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

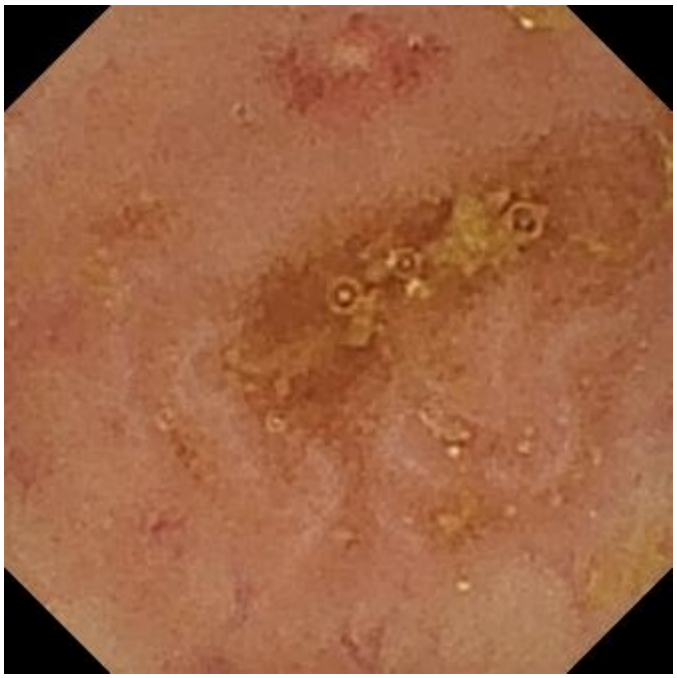

Fig. 1. Capsule endoscopy. Millimetric fibrinous erosions spread throughout the small bowel.