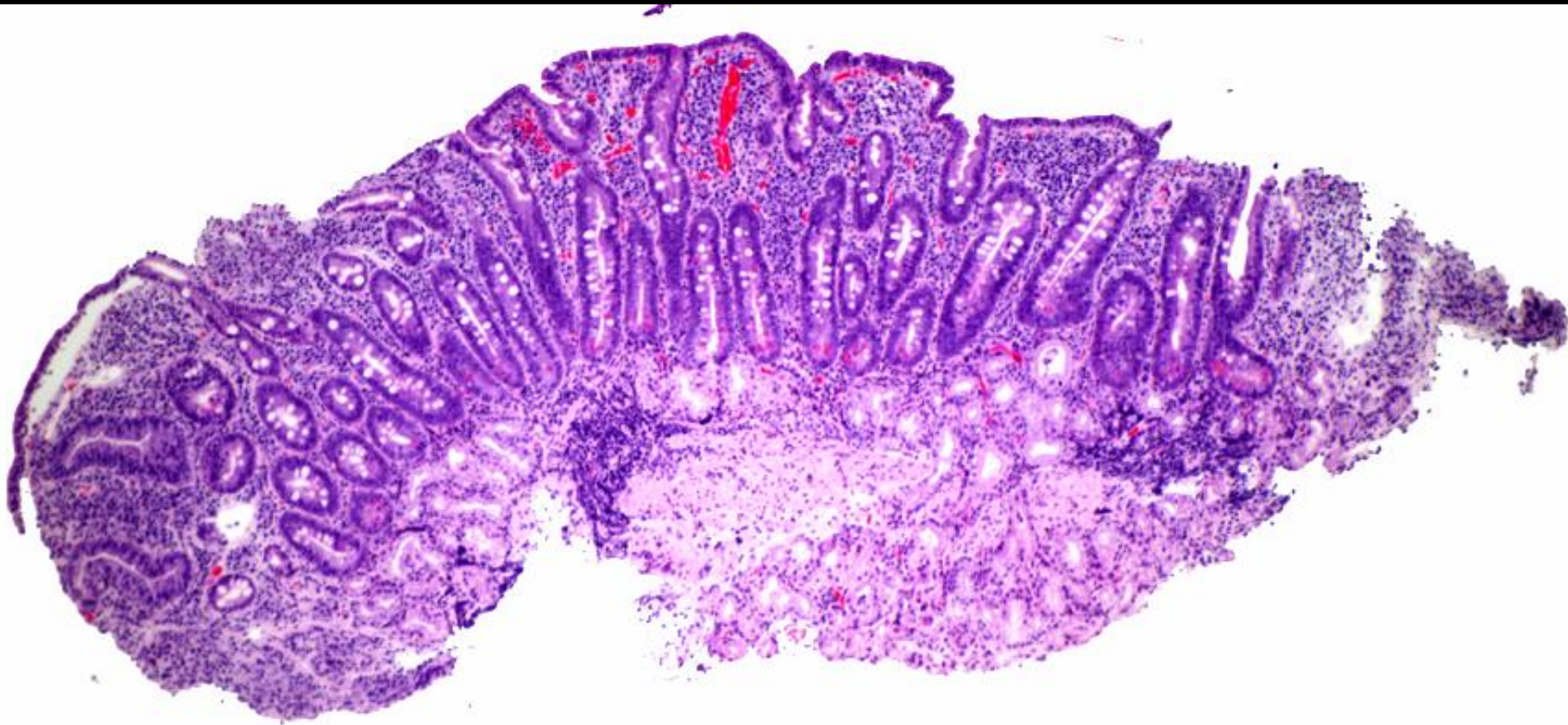
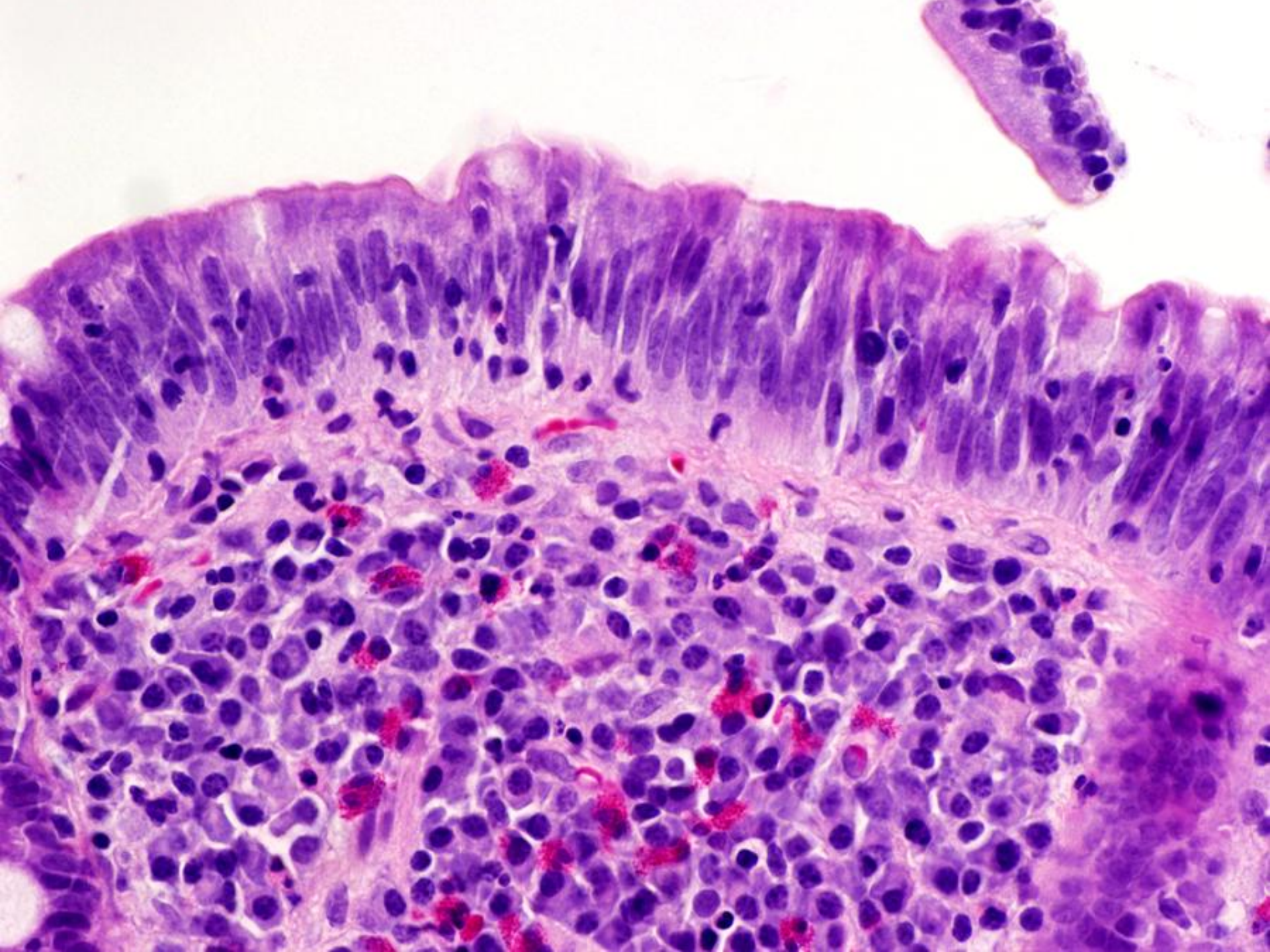


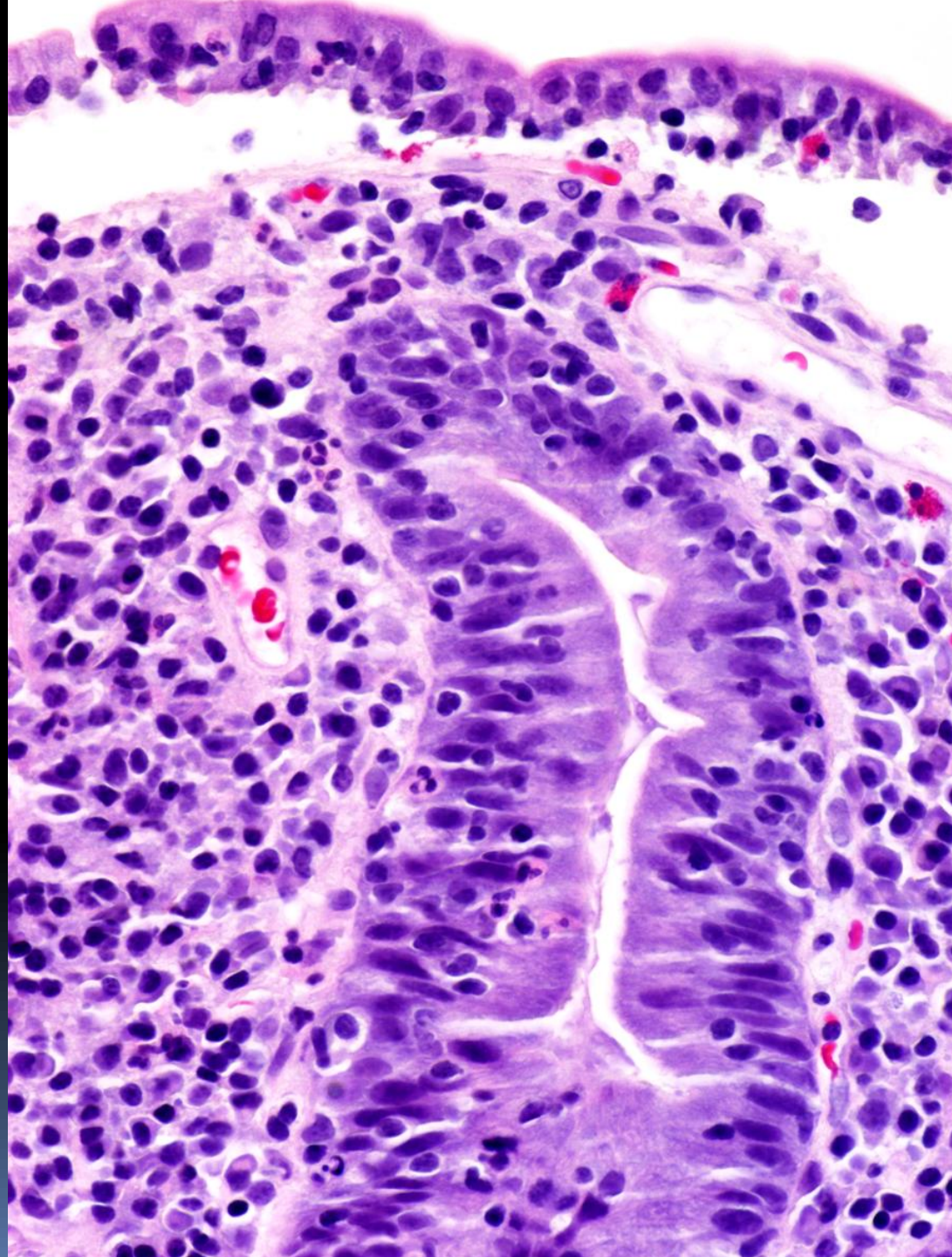
# Duodenal bulb














# Trichrome





# Further investigations

- Stool culture / O+P - negative
  - *C. difficile* toxin negative
  - TTG negative (IgA normal)
- 



# Resolution:

- This patient's diarrhea improved rapidly in hospital after one intervention
- Creatinine normalized with IV fluids
- Went home feeling well after 4 days



What was the intervention?

Discontinue Olmesartan

# Severe Spruelike Enteropathy Associated With Olmesartan

Alberto Rubio-Tapia, MD; Margot L. Herman, MD; Jonas F. Ludvigsson, MD, PhD;  
Darlene G. Kelly, MD, PhD; Thomas F. Mangan, MD; Tsung-Teh Wu, MD, PhD;  
and Joseph A. Murray, MD


# Spruelike enteropathy associated with Olmesartan

- 22 patients (47-81 years, 13 female)
- Taking olmesartan for mean 3.1 years (range 0.5-7.0 years)
- Diarrhea for median 19.2 months (range 3-53 months) with median 6 BMs/day (range 3-42)
- Weight loss – median 18 kg (range 2.5-57 kg)
- Vomiting, abdo pain >50% of cohort
- All negative for IgA TTG





# Histologic findings in 22 duodenum biopsies:

- Villous atrophy
    - Total atrophy in 15
    - Partial atrophy in 7
  - Subepithelial collagen in 7
  - Increased intraepithelial lymphocytes in 14
  - Active inflammation in 15
- 

# Histology at other sites:

Colon (13 underwent colonoscopy):


- 5 with microscopic colitis
  - 3 collagenous colitis
  - 2 lymphocytic colitis

Stomach (14 had stomach biopsy)

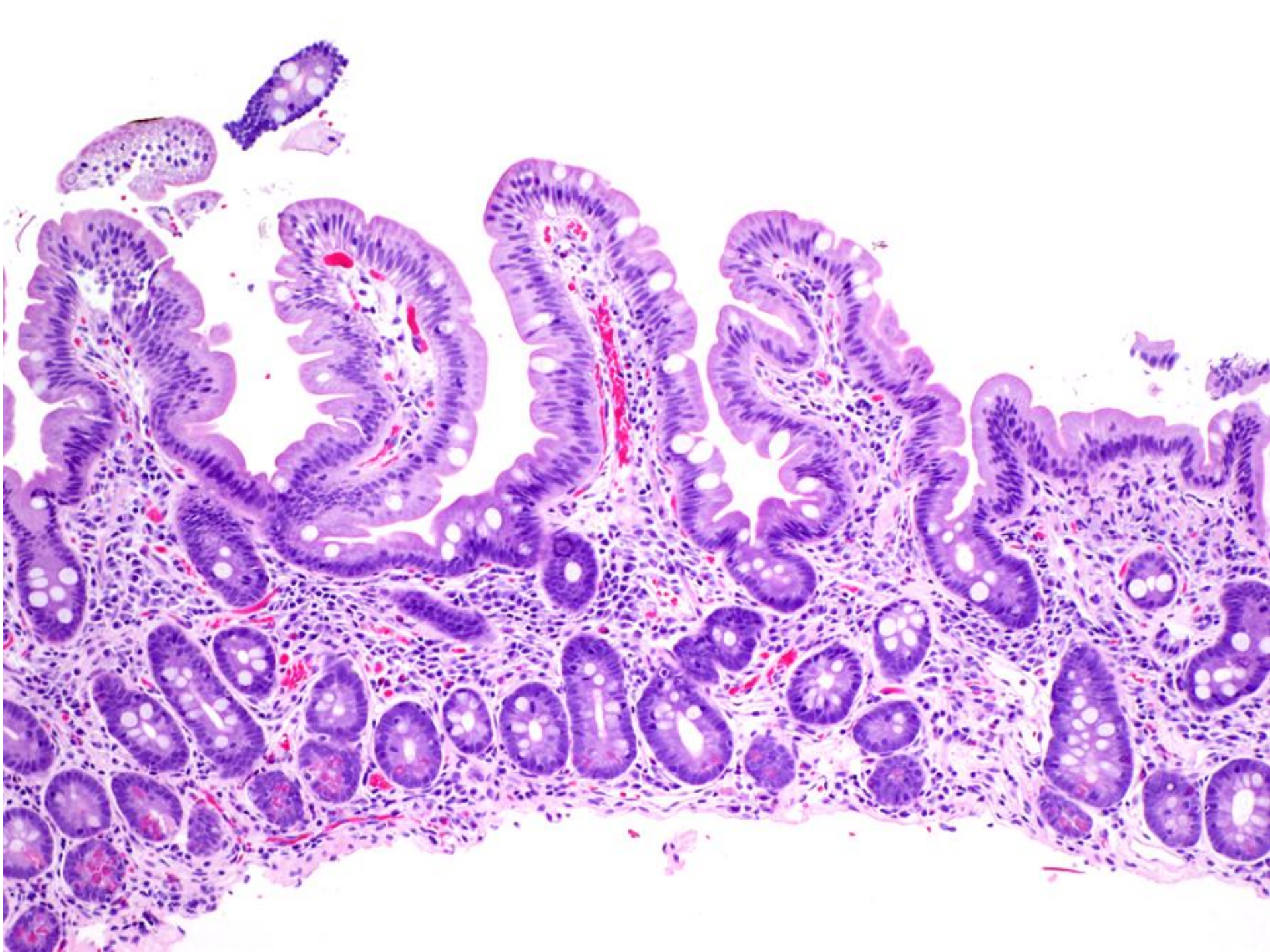
- 5 had lymphocytic gastritis
- 2 had collagenous gastritis
- Remaining 7 had chronic gastritis (1 *H. pylori*)



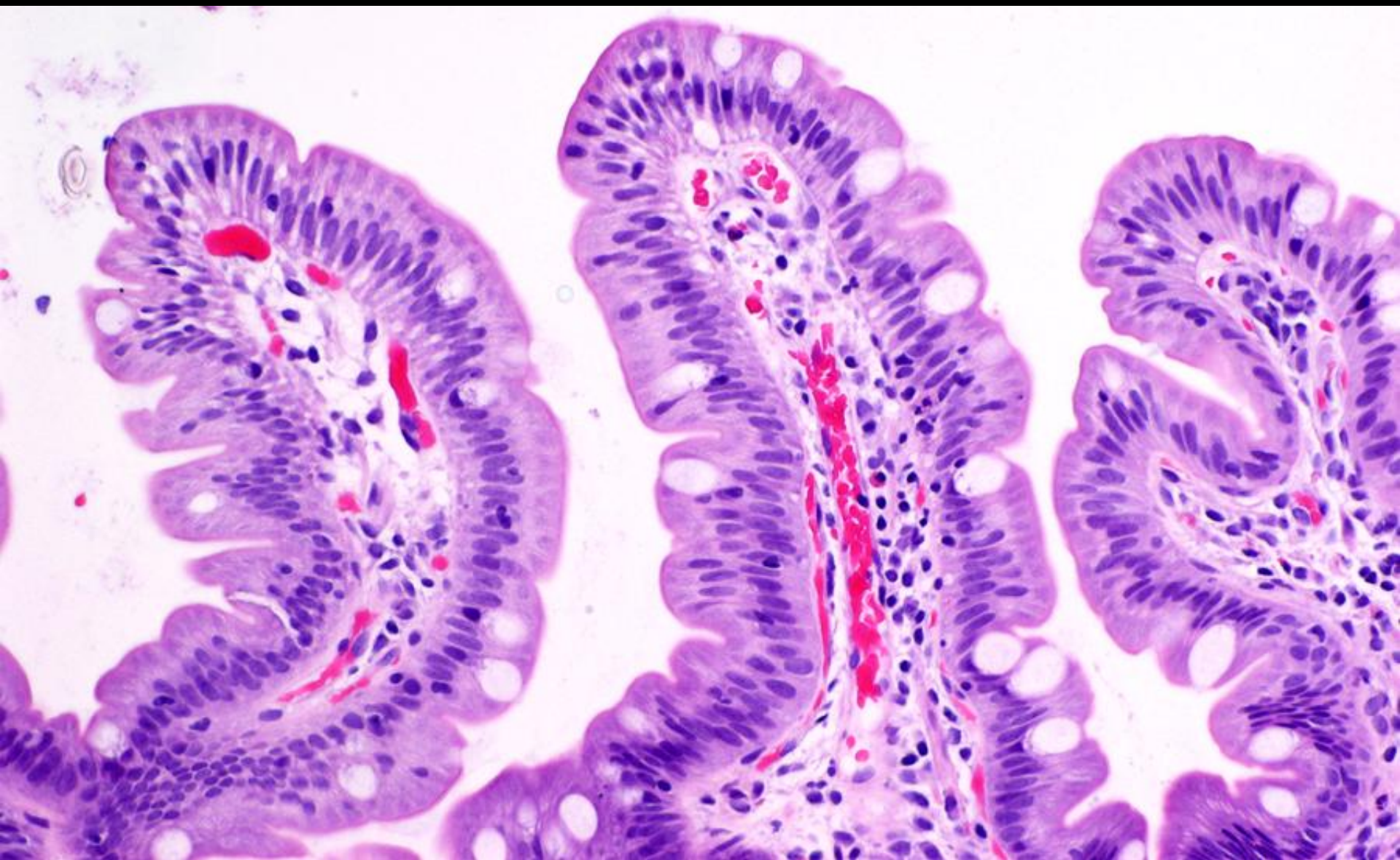
# Treatment

- 20 had tried (failed) gluten free diet
  - 20 had tried (failed) glucocorticoids
  - All 22 responded to discontinuing olmesartan
  - None relapsed after reintroducing gluten
  - 18 patients had follow up biopsies, 17 were normal (1 had focal partial villous atrophy)
  - None deliberately re-challenged with olmesartan
- 

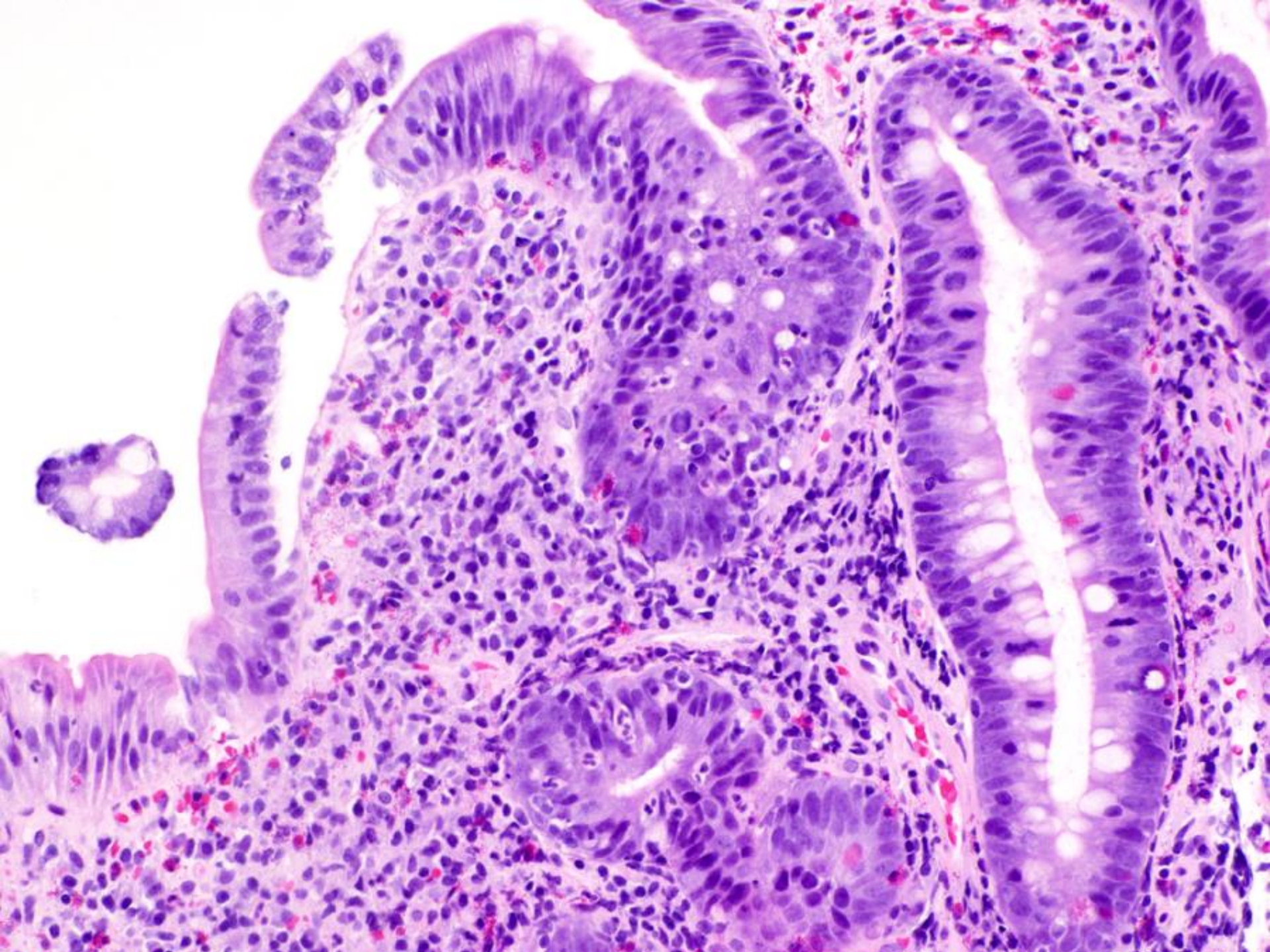














**IMPORTANT: PLEASE READ**

**CONSUMER INFORMATION**

 **OLMETEC<sup>®</sup>**

(Olmesartan Medoxomil tablets)

**WARNINGS AND PRECAUTIONS**

OLMETEC<sup>®</sup> can cause severe chronic diarrhea with substantial weight loss (sprue-like enteropathy). It can take months to years for symptoms to develop.





# Questions?


Acknowledgements:

Dr. John Igoe (Gastroenterology, QEII HSC)

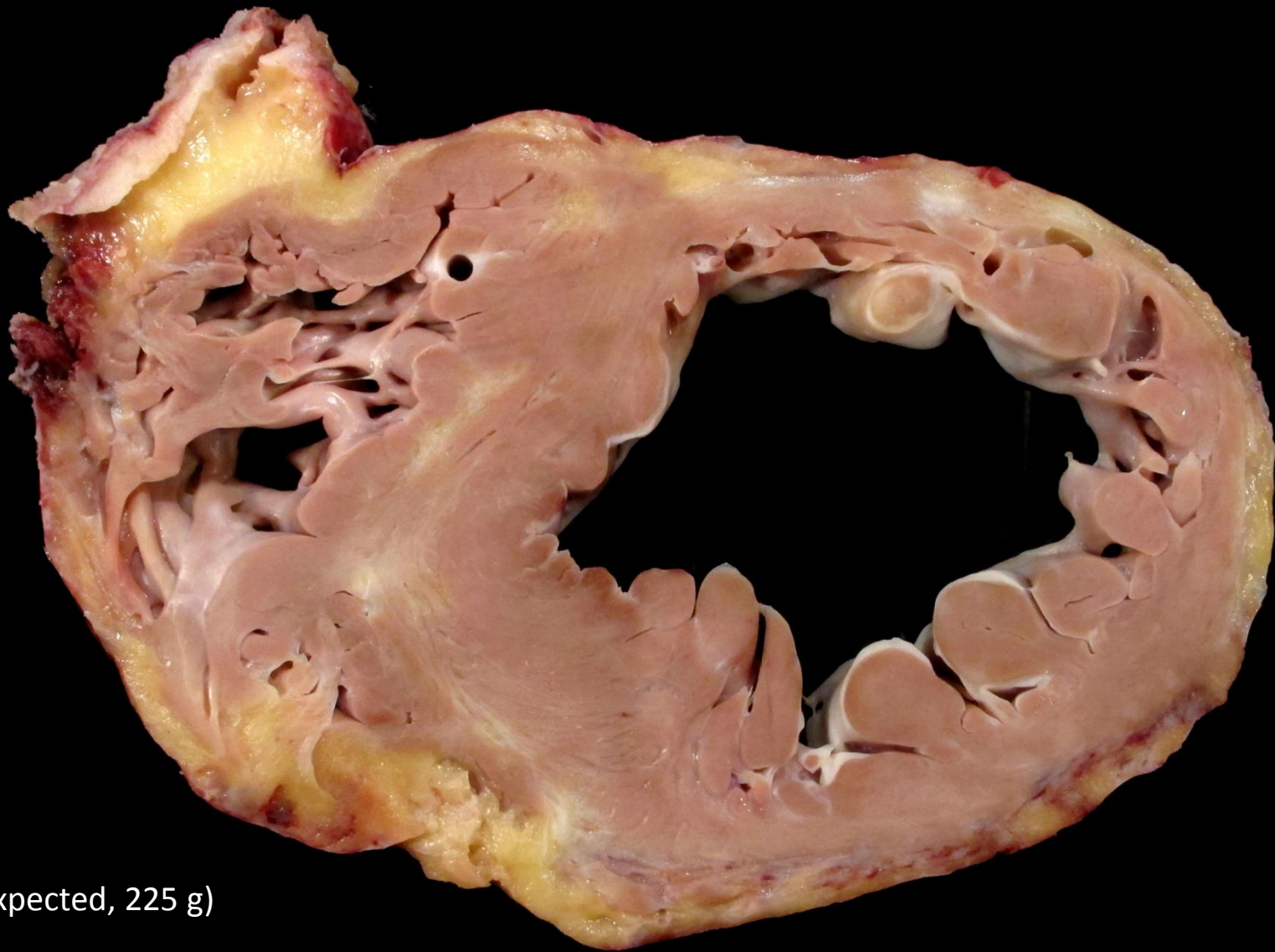




Case submitted by Dr. Mathieu Castonguay  
Capital District Health Authority / Dalhousie University

- 
- 55-year-old man with congestive heart failure, clinically attributed to “end-stage dilated cardiomyopathy”
  - Supported by ICD and LVAD
  - Undergoes cardiac allotransplantation

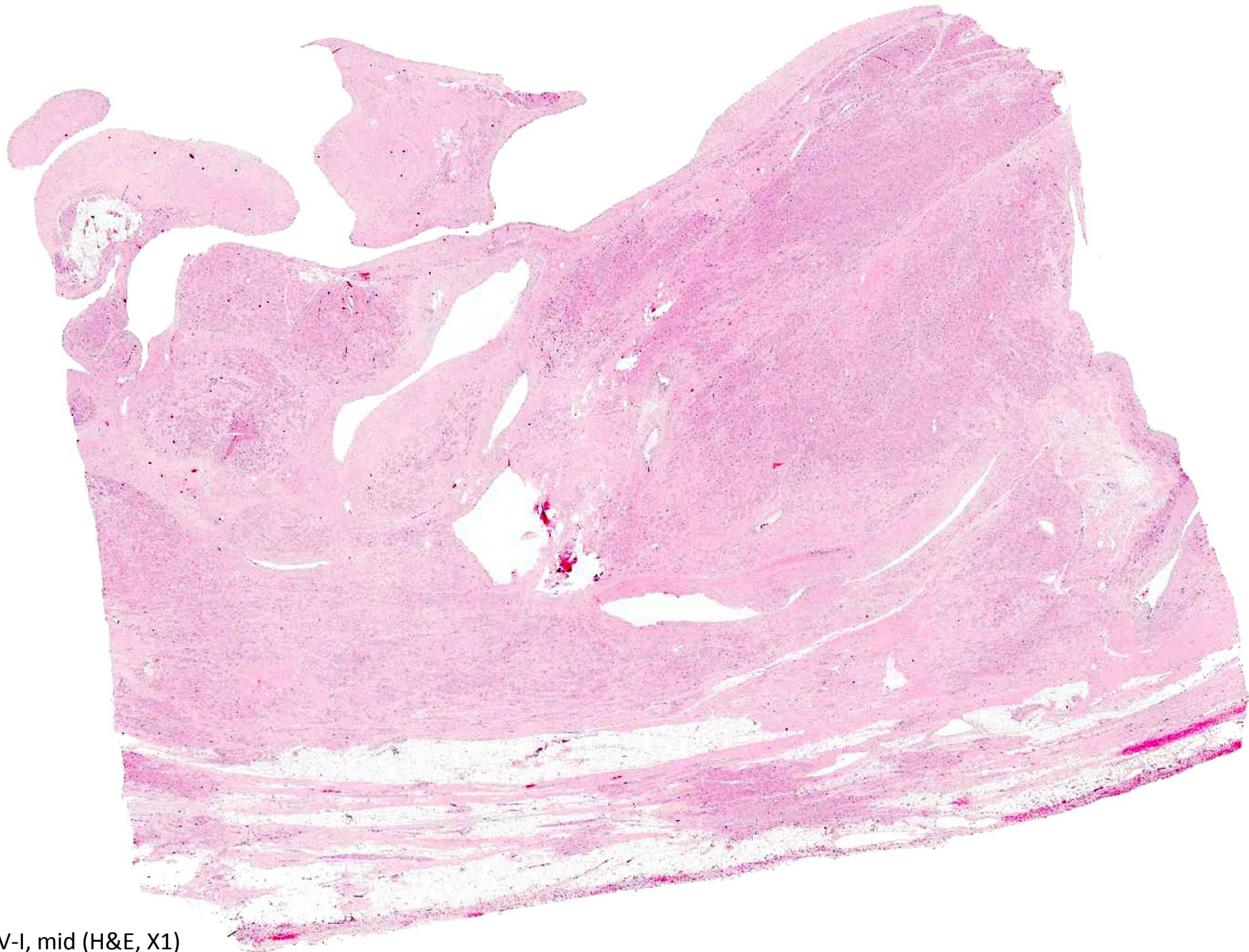




384 g (expected, 225 g)

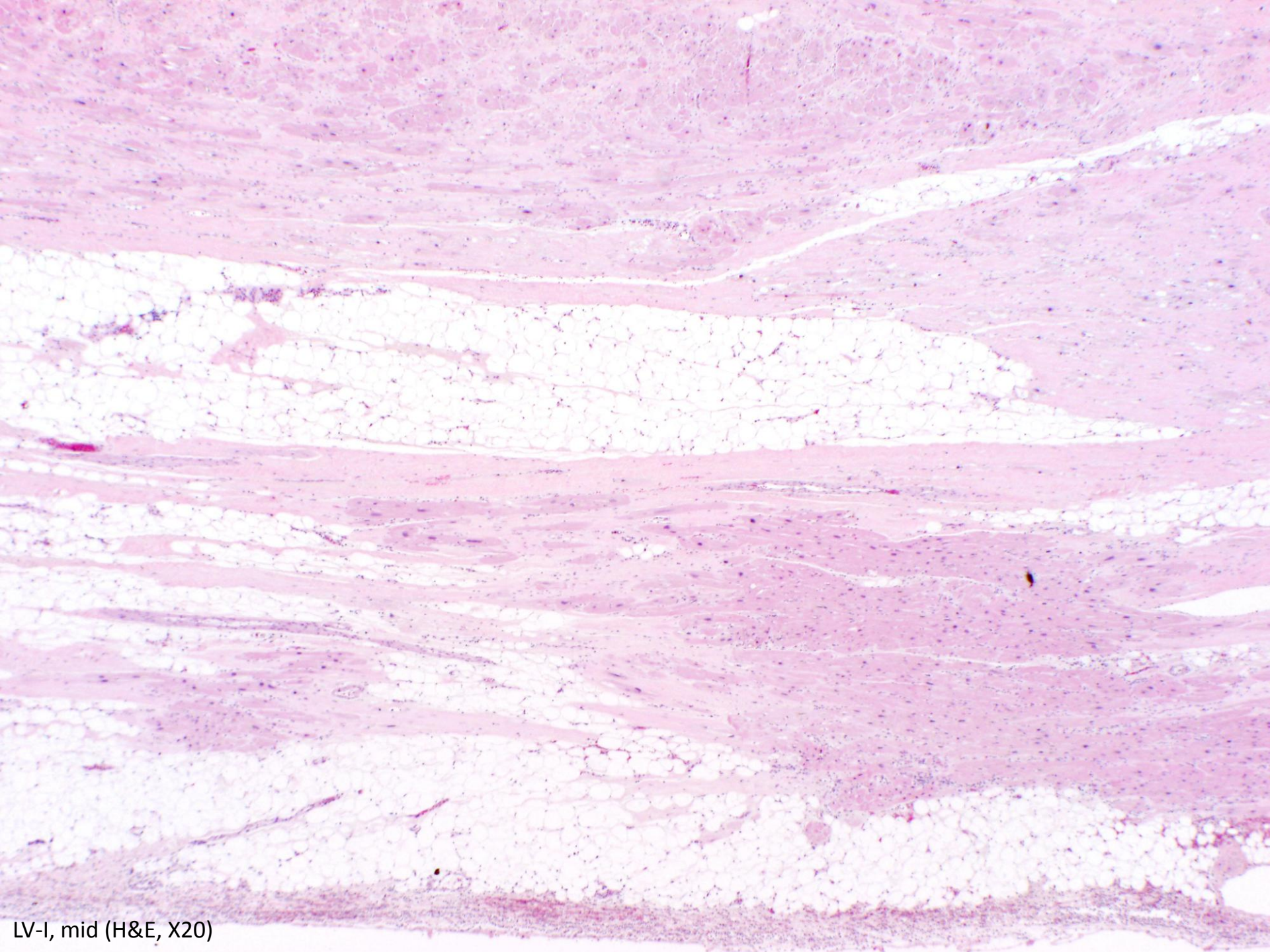


Mid-ventricular short axis



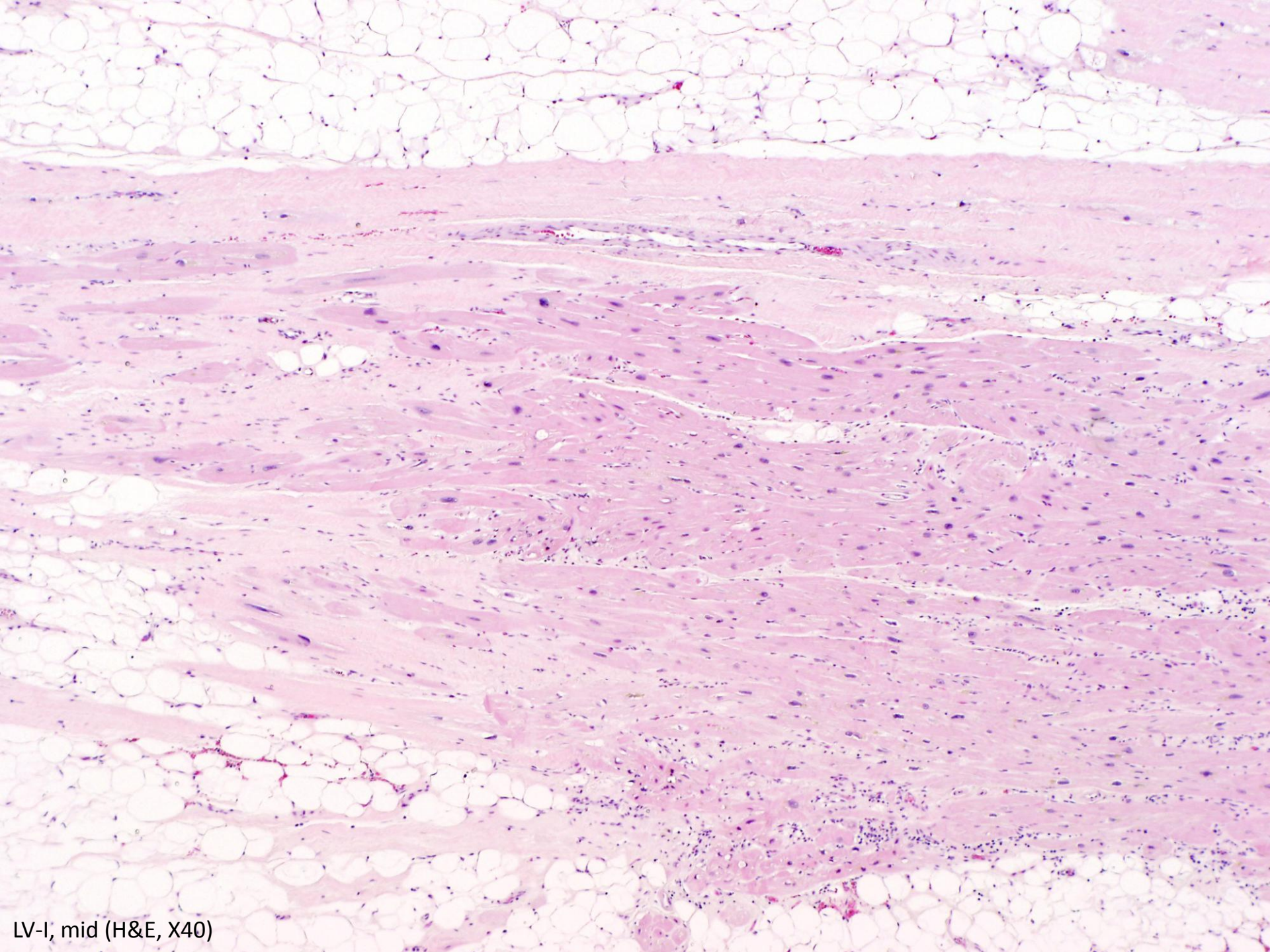
LV-I, mid (H&E, X1)





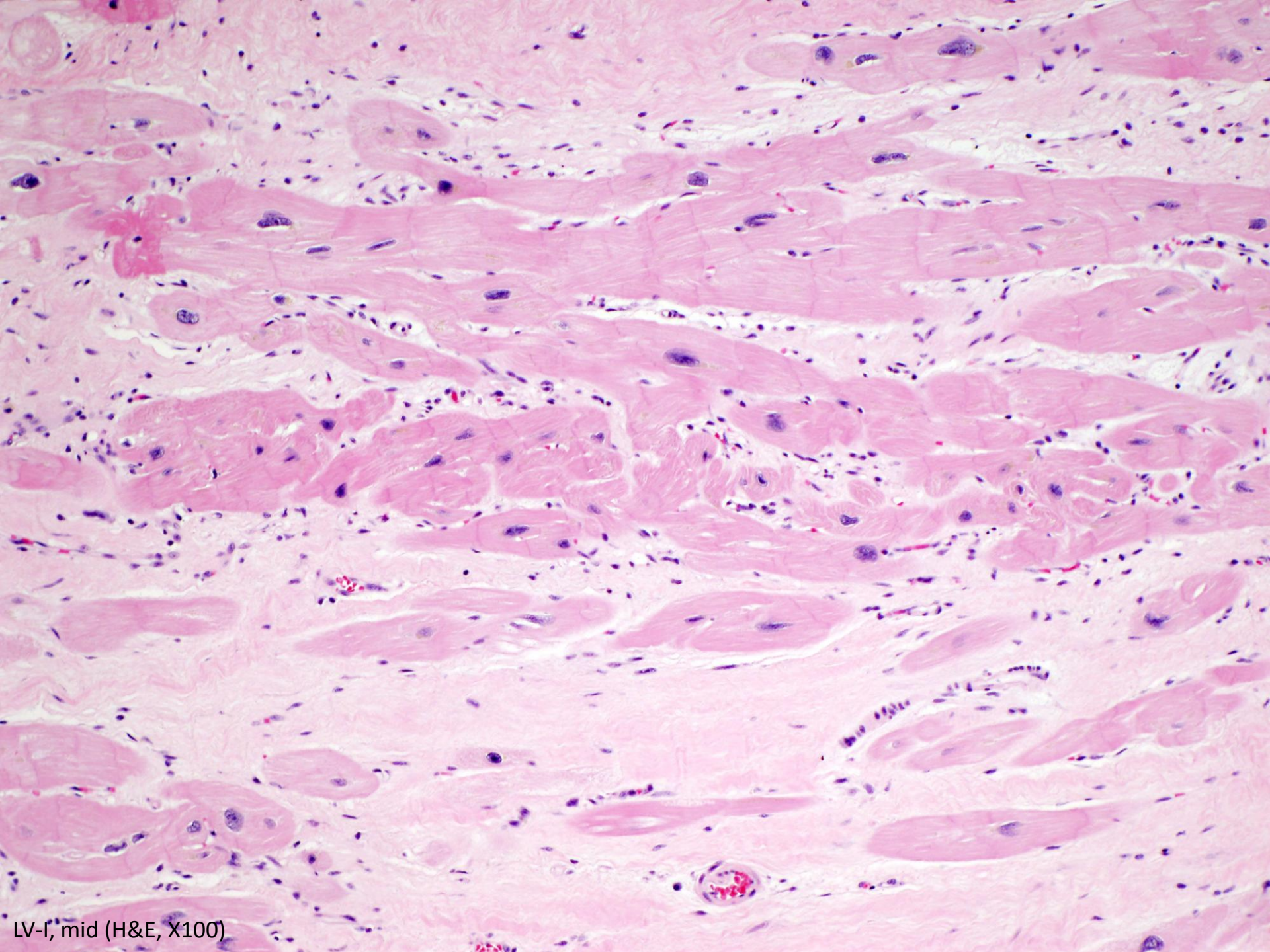
LV-I, mid (H&E, X20)





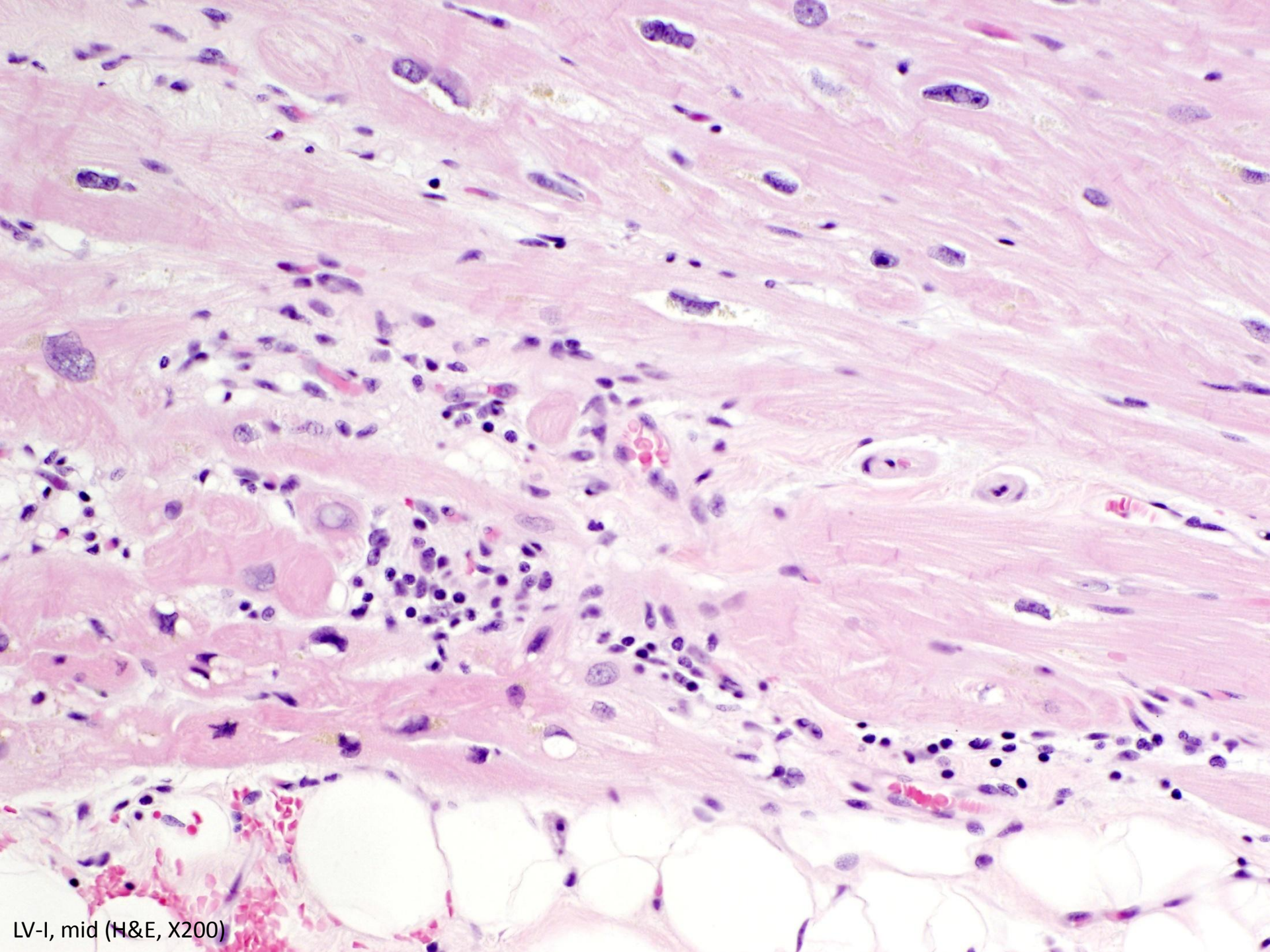
LV-I, mid (H&E, X40)





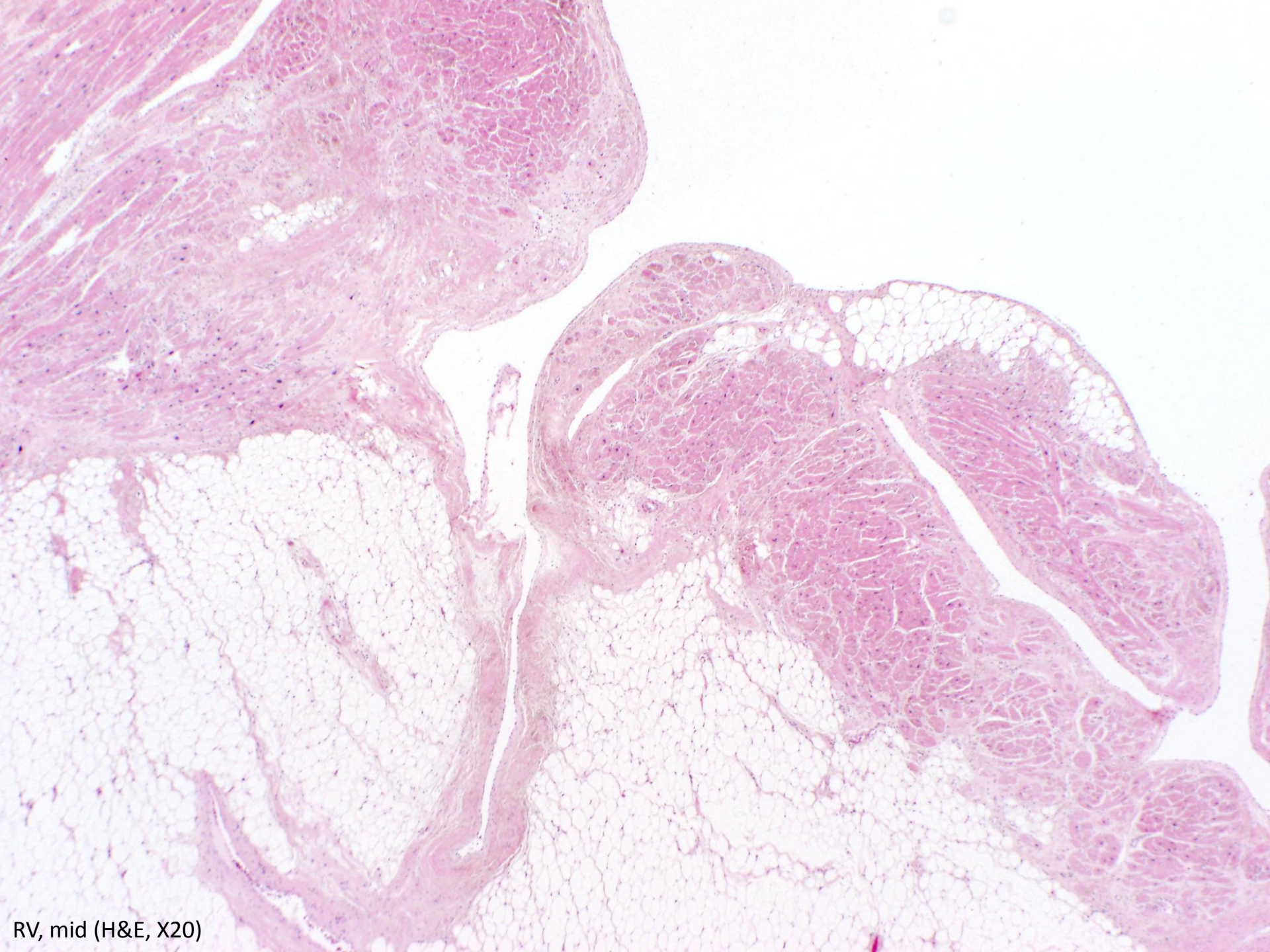
LV-I, mid (H&E, X100)





LV-I, mid (H&E, X200)





RV, mid (H&E, X20)

?



## **Differential diagnosis**

1. Dilated cardiomyopathy
2. Chronic ischemic heart disease
3. Healing myocarditis
4. Arrhythmogenic cardiomyopathy

## Differential diagnosis

1. Dilated cardiomyopathy
2. Chronic ischemic heart disease
3. Healing myocarditis
4. Arrhythmogenic cardiomyopathy

# Cardiomyopathies

## Incidence in General Population

Type	Per 100,000	Individual	Familial
HCM	200 - 500	1/500	>50%
ACM	20 - 100	1/5000	>50%
DCM*	0.4 - 0.75	1/25,000	30%
RCM	unknown	unknown	<5%
LVNC	unknown	unknown	?

\* Familial/sporadic or idiopathic cases only  
No ischemic and no secondary causes

# Arrhythmogenic Cardiomyopathy

## General Features

- Definition

Systolic dysfunction, with recurrent VT, and focal adiposity, fibrosis, and hypertrophy (RV > biventricular or LV type)

- Demographics

Age, sex: 15-50 years, M>F

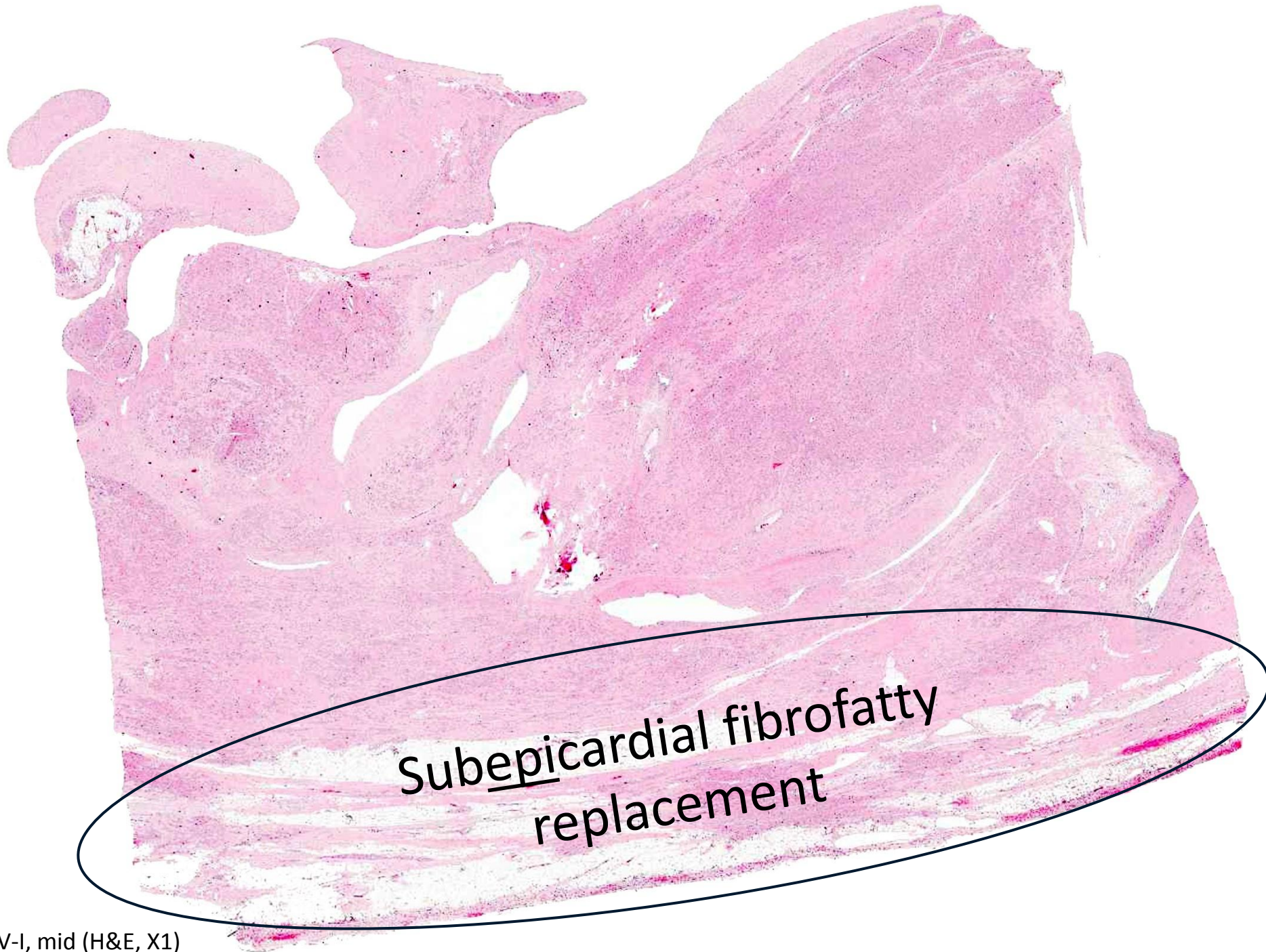
Mortality: sudden death or heart failure

# Arrhythmogenic Cardiomyopathy

## Transmission & Gene Mutations

- Mode of inheritance  
Autosomal dominant, with incomplete penetrance and variable expression
- Gene mutations for desmosomal proteins  
Plakophilin-2, desmoplakin, desmocollin-2, desmoglein-2, plakoglobin (Naxos)
- Gene mutations for other proteins  
Ryanodine receptor 2, transforming growth factor  $\beta$ 3 (TGF- $\beta$ 3)





Subepicardial fibrofatty  
replacement