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Summary

Non-immune-mediated enteropathies

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Drug-induced enteropathies, particularly from ARBs like olmesartan and immune checkpoint inhibitors, are often misdiagnosed as refractory coeliac disease but have excellent prognosis when the causative drug is withdrawn.

KEY POINTS

- Olmesartan-associated enteropathy presents with severe malabsorption and flat villi but shows complete clinical and histological recovery upon drug suspension, with patients able to resume normal gluten-containing diets.
- The speaker reported that over 200 cases of olmesartan enteropathy have been described, frequently misdiagnosed as seronegative coeliac disease and incorrectly treated with gluten-free diets and immunosuppressants.
- Immune checkpoint inhibitors can cause overlooked small bowel involvement ranging from seronegative villous atrophy to diffuse ulcers, potentially impairing nutrient and oral chemotherapy absorption.
- Whipple's disease, caused by Tropheryma whipplei, is fatal if untreated but curable with antibiotics; the speaker emphasized maintaining low diagnostic threshold for seronegative arthritis poorly responsive to biologics with malabsorption.
- The speaker stated that prognosis in drug-related enteropathy is generally better than other non-coeliac enteropathies, with ARB-related cases showing exceptional survival after drug withdrawal, though immune checkpoint inhibitor cases have more dramatic mortality possibly due to underlying cancer.
- A practical diagnostic approach focuses on clinical clues such as medication history in patients with severe malabsorption, requiring multidisciplinary management and often tertiary centre referral.

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