

Olmesartan-induced reversible transaminase elevation in a breastfed newborn. A case report

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Background The drug-induced liver injury (DILI) is a challenging disease in clinical practice, both in adults and children. Many drugs have been suspected or confirmed to cause DILI, and for many of them, the underlying mechanisms are yet unknown. It is far more problem-posing when hepatotoxicity in a breastfed child is caused by a drug taken by the lactating mother.

Methods Teratogenic Information Service was consulted on the 25th day after the birth. Data were collected in a dedicated online database. Follow-up was conducted for 20 days.

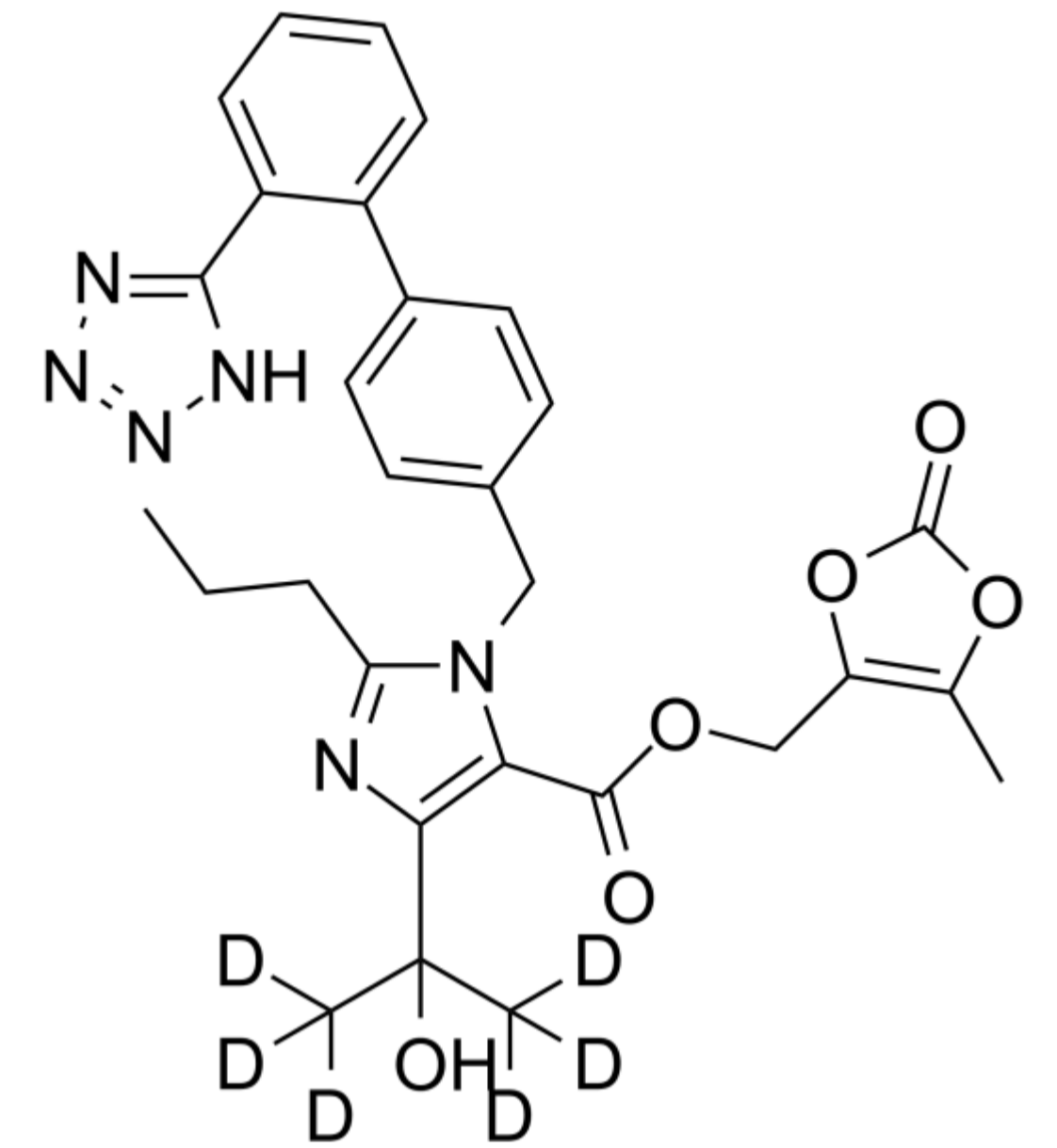
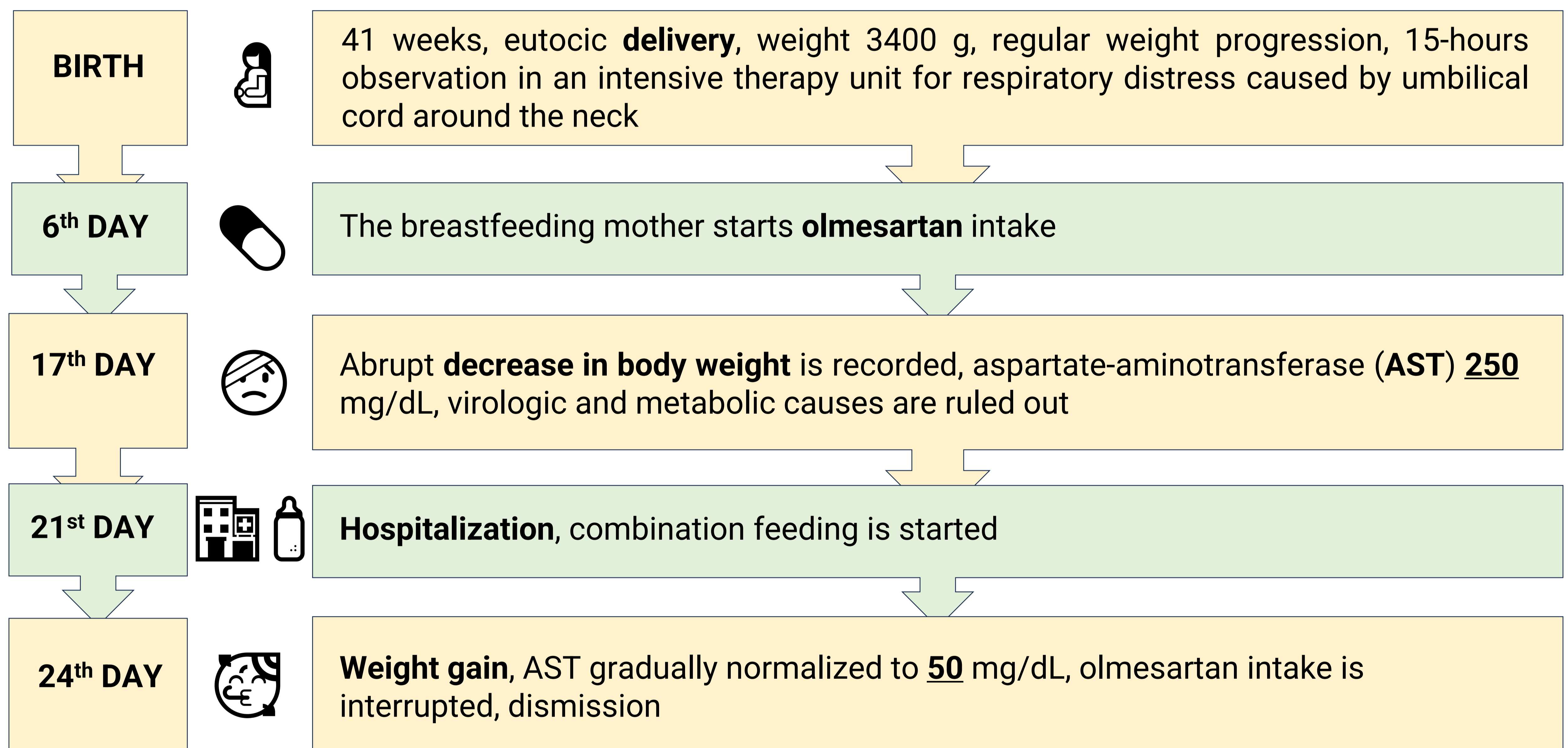


Fig. 1. Olmesartan is an angiotensin II receptor blocker and prevent this protein from exerting its hypertensive effects: vasoconstriction, synthesis of aldosterone and ADH, cardiac stimulation and renal reabsorption of sodium.



Literature review Olmesartan is suspected to cause an immune-mediated enteropathy; recently some reports of hepatic injury associated with the drug have been published. An immune-mediated mechanism has been hypothesized, reversible following drug interruption; immunosuppressive therapy is occasionally required. Breastfeeding pharmacokinetic data on olmesartan is scarce, since it is not recommended during breastfeeding. This is the first case report describing an hypertransaminasemia episode due to olmesartan exposure in a breastfed newborn. Further investigation will be needed.

References

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