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TITLE: Spicing Up the Differential for Cyclic Vomiting: A Case of Synthetic-Cannabinoid Induced Hyperemesis Syndrome
AWARDS:
CURRENT CATEGORY: G. Clinical Vignettes/Case Reports
CURRENT SUB-CATEGORY: B. Stomach
PRESENTATION TYPE: Oral or Poster
AVERAGE SCORE: 3.5
ACG Research Grant Support: No

Purpose (Abstract Submission): 22 year-old African American male was admitted for 10-month history of progressive, intermittent abdominal pain, nausea, and vomiting. Episodes occurred every two months lasting up to a week characterized by non-radiating sharp, epigastric pain associated with six episodes of non-bilious, non-bloody emesis per day without specific triggers, and relieved temporarily with taking hot showers. Between episodes, patient was asymptomatic. On prior admissions, patient was found to have pneumomediastinum with acute renal failure and rhabdomyolysis secondary to his severe nausea and vomiting. Previous negative work-up had been performed to include two EGDs, head CT scan, CT chest/abdomen/pelvis, and two gastric emptying studies. Thyroid function test, celiac panel, gastrin, chromogranin A, CMV, EBV, ANA, SPEP, UPEP, ACTH stimulation test were normal. On this admission, significant tests included: WBC 19,600/mm, creatinine 2.7 mg/dL, and creatinine kinase 907! U/L. All other laboratory tests including liver associated enzymes, amylase, lipase, lactate, and urine drug screen were normal. CT scan of the chest revealed residual loculated air from prior pneumomediastinum. Patient was started on fluids, ondansetron and ultram with clinical improvement. Specific testing of urine synthetic cannabinoid confirmed the diagnosis of cannabinoid hyperemesis syndrome (CHS). Since discontinuing these drugs, the patient has remained symptom free. Spice is one of several synthetic cannabinoid drugs that became available in the early 2000s which are used in an attempt to thwart drug screening. On literature review, there are 140 published cases of CHS. To our knowledge this is the first reported case attributed to a synthetic cannabinoid. Clinically, CHS is characterized by history of chronic cannabis usage with a cyclic pattern of nausea, vomiting and colicky abdominal pain. Compulsive hot baths or showers with symptomatic relief support the diagnosis. On average, diagnosis of CHS after symptom onset is 4.5 years. Patients frequently have multiple hospital, clinic and ER visits with extensive negative work-up to include imaging studies, endoscopies, and laboratory testing. Treatment of CHS is cannabis/cannabinoid cessation with fluid replacement and counseling. This case illustrates that CHS should be in the differential diagnosis of unexplained, episodic abdominal pain with nausea and vomiting, particularly if relieved with compulsive hot showers, given the prevalence of cannabis usage in the United States. If testing for THC is negative, specific testing for synthetic cannabinoid should be done. Recognition of this syndrome is important to prevent unnecessary testing and to reduce health care expenditures.

Methods (Abstract Submission): N/A
Results (Abstract Submission): N/A
Conclusion (Abstract Submission): N/A