

Cannabinoid hyperemesis syndrome

Key words: Cannabis. Hyperemesis.

Dear Editor,

We report the case of a 30-year-old female with a history of cannabis use from 16 years of age. The patient presented to the Gastroenterology Clinic due to cyclical epigastric pain associated with postprandial stomach heaviness, nausea and vomiting. She was admitted due to a worsening of her condition, which prevented her from leading a normal life. Ultrasound, endoscopy and laboratory tests performed during admission were normal. The pain subsided with hot water showers, with a frequency of 3-5 per day during admission. The patient had a favorable course and was discharged with a recommendation to discontinue cannabis use; subsequently, she had a good clinical outcome.

Discussion

Cannabinoid hyperemesis syndrome was first described in 2004 (1) and diagnostic criteria were suggested in 2012 (2). This condition affects chronic cannabis users and is characterized by cyclical episodes of incoercible vomiting and compulsive bathing in and/or showering with hot water that last for two to four days. Vomiting is usually refractory to usual antiemetics and improves with cannabis discontinuation. The etiology and pathophysiology remain unclear, but cannabis seems to affect gastrointestinal motility. This was recently supported by a study published in this journal on chronic cannabis use and its potential association with intestinal invagination (3). As pointed out in a recent

review (4), once the condition has been recognized, hot water bathing and/or showering is a key factor for establishing a diagnosis. Given the high prevalence of cannabis use, this is likely an underdiagnosed condition at present. While management only requires cannabis discontinuation, this is not achieved for most patients due to the deleterious effects of cannabis on decision making (5), which usually leads to a chronic condition.

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