

CANNABINOID HYPEREMESIS SYNDROME : a Parisian Case Series

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Introduction:

Cannabis remains the most widely used illicit drug in the world. Its main pharmaco-toxicological properties are well described but an emerging syndrome has still to be clarified. This concerns Cannabinoid Hyperemesis Syndrome (CHS), first described in 2004 [1]. Considered as a paradoxical effect of cannabis, CHS is characterized by recurrent vomiting associated with abdominal pain and compulsive bathing behaviour in order to alleviate symptoms in patient with long-term cannabis use.



Objectives:

To describe clinical cases of Cannabinoid Hyperemesis Syndrome (CHS) for a better diagnosis and management by physician.

Method:

We report cases of CHS notified to the Parisian Addictovigilance Center from 2011 to 2016, comparing clinical signs to criteria of diagnosis defined in the literature.

Results : 8 cases of CHS were reported from various origins (Emergency, Internal Medicine, Gastroenterology, Addictology, National Helpline Drogue Info Service). Users are almost exclusively men (7/8), between 20 and 48 years-old, with a median age of 31 years. All report a current cannabis use with an average of 6 joints inhaled a day and a duration of consumption averaged at 10 years (informations specified in 5 cases). Before the diagnosis of CHS, all have already experienced recurrences of the clinical criteria defined by Simonetto in 2012 [2] and presented in Table 1.

Clinical Criteria for CHS 	Our Case series 
Long term cannabis use	YES (8/8)
Severe cyclic nausea and vomiting	YES (8/8) - Incoercible in 1 case [24-48h]
Resolution with cannabis cessation	Cannabis cessation unknown
Relief of symptoms with hot showers or baths	YES (7); unknown (1)
Abdominal pain, epigastric or periumbilical	YES (8/8) - Variable, local or diffuse
Weekly use of marijuana	YES (8/8) - Up to 15 joints/day in 1 case
Age less than 50 years	YES (8/8)
Weight loss > 5 kg	Known in 3 cases (-7kg, -5kg, not specified)
Morning predominance of symptoms	Not informed
Normal bowel habits	Not informed
Negative laboratory, radiographic and endoscopic test results	Known in 5 cases - Complete examinations With explorative laparotomy in 1 case

Three of them have received an analgesic treatment by morphine with a positive effect in 1 case and an inconstant antalgia in 2 cases.

Essential for diagnosis

Major features

Supportive features

Conclusion : This syndrome is increasingly described and a better knowledge and recognition of CHS will enable a better medical care, avoiding costly unnecessary investigations. Currently, there is no specific treatment; the main long term management is the fully cannabis cessation and a systematic drug addiction counseling for the patient.

[1] Allen JH, de Moore GM, Heddle R, Twartz JC. Cannabinoid hyperemesis: cyclical hyperemesis in association with chronic cannabis abuse. *Gut*. 2004 Nov;53(11):1566-70.

[2] Simonetto DA, Oxentenko AS, Herman ML, Szostek JH. Cannabinoid hyperemesis: a case series of 98 patients. *Mayo Clin Proc*. 2012 Feb;87(2):114-9. doi: 10.1016/j.mayocp.2011.10.005.