Was our patient self medicating with cannabis?

**Introduction**

Acute Medicine Units are exposed to patients with acute manifestations of drug abuse on a regular basis.

The most commonly abused drugs include Alcohol, Opiates, Cocaine and Cannabis.

The following case report illustrates a recently recognised, increasingly common, though highly unusual manifestation of drug abuse.

**Case Report:**

A 21 year old Caucasian male presented to hospital with a 12 hour history of severe nausea and vomiting. He was bringing up only small volumes of clear liquid mixed with undigested products.

He was heard retching from the opposite end of the emergency department.

He had no significant previous medical history

He had no relevant significant family history.

He took no regular or over the counter medications.

He drank about 10 units of alcohol per week.

**He had smoked cannabis heavily for the for the preceding 4 years.**

On examination, the patient appeared surprisingly clean and his hair was wet and neatly combed backwards.

He was afebrile clinically euvoalaemic and his observations were all normal. His abdomen was soft, non distended. There was no palpable organomegaly.

**He was desperate to have a hot shower.**

He was empirically managed as a case of gastritis and in view of the severity of his symptoms he was referred to the medical team.

The patient later admitted that this was his 8th identical presentation over the last 3 years with identical symptoms.

He was admitted on 2 out of the previous seven attendances, and twice self discharged.

On each occasion all blood tests, including liver function, amylase, calcium and lactate were within normal limits. In addition urinalysis had revealed a negative dipstick, and plain chest and abdominal radiography showed no abnormalities. A urinary porphobilinogen sample had even been sent which was not raised. A previous urine drug screen was positive for Cannabis alone.

The patient was diagnosed with Cyclical Vomiting Syndrome.

**Cyclical Vomiting Syndrome describes recurrent, short lived, stereotypical episodes of nausea and vomiting which is thought to be due to disruption in nervous communication between the brain and enteric nervous system**

Case reports exist of patients self medicating on cannabis

Was our patient self medicating with cannabis?

**Cannabis: an antiemetic**

Rastafarianism – cleans the soul

Cannabinoids are synthesised and active within our own body. The most important is Anandamide, derived from the Sanskrit word “ananda” meaning “in a bliss.”

The cannabinoids bind to cannabinoid receptors prevalent within the brain and enteric nervous system.

They inhibit emetogenic efferent neurones that travel from the chemoreceptor trigger zone. Nabilone is a synthetic cannabinoid that acts at the cannabinoid CB1 receptors, and is used to treat chemotherapy-induced vomiting.

But our patient was smoking cannabis BEFORE the onset of his symptoms. He could not have been using Cannabis to self medicate.

**Cannabis Hyperemesys Syndrome:**

A handful of reports have revealed that chronic cannabis abuse is associated with CVS. Most importantly, the nausea characteristically eases with a hot bath

**Reasons for admission included:**

- Ongoing severity of retching without relief with anti-emetics in ED
- Haematemesis - Probably Mallory Weis Tear
- Associated comorbidity which would be difficult to manage whilst symptomatic e.g.: Type I Diabetes

Our patient even admitted that he attended hospital because his bath was not working at home. He subsequently self discharged.

The potential economic impact of individual ED visits and MAU admissions to hospitals for this condition is potentially very high. Definitive treatment is cannabis cessation only.

Remember: Vomiting + looks clean = Cannabis Hyperemesis Syndrome

**Discussion**

Cannabis use is common. It has been recently recognised that cannabis is associated with cyclical vomiting syndrome that characteristically eases with a hot bath. This is the known as the Cannabis Hyperemesis Syndrome.

The prevalence of this condition is unknown. However, since discovery of this condition by our MAU, we have seen 5 further cases between May-August 2011.

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