

Cannabis hyperemesis syndrome in a patient with Generalized Developmental Disorder

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INTRODUCTION

The cannabinoid hyperemesis syndrome (SHC) is a clinical entity first described in 2004, which affects chronic cannabis users and is characterized by cyclic episodes of incoercible vomiting accompanied by compulsive hot water baths. The etiology is unknown. These episodes last from 2 to 4 days. Vomiting is characterized by not responding to the usual antiemetic treatment. SHC only disappears to abstinence from cannabis, reappearing in periods of consumption of this substance.

METHODS

We present a clinical case.

RESULTS

Male, 23 years old, adopted since 2 years of age. Born in Paraguay and currently living in Spain with adoptive parents. He has no children, friends or stable partner.

He has never had a job. Disabled being his parents his legal guardians. He has studied at the Center for Special Education. Currently without occupation. Denies legal background or pending court cases.

No medical-surgical history or allergies of interest. At the age of 12, he began follow-up in child and adolescent mental health due to behavioral disorders and severe adjustment difficulties. He is diagnosed with Generalized Developmental Disorder. Smoker of 20 cigars / day from the age of 14. At 16 he starts regular consumption of 1.5-2 grams of marijuana per day. At 18 years, he is admitted to the hospital for a THC detoxification, achieving abstinence for 4 months.

At present, the patient smokes 8-10 joints per day. For two years he had morning sickness. Since five months ago he suffers sickness accompanied by vomiting that improves the days when he does not use cannabis. The patient presents with repetitive vomiting that does not respond to the conventional antiemetic regimen. He has come many times to the emergency services for vomiting and all the tests and image tests are normal. To alleviate the discomfort, he drinks about 3 liters of water that he says do not help him to alleviate the symptoms. He doesn't think that these symptoms are related to cannabis use and he smokes whenever he has economic availability and even sells his belongings to buy marijuana. Currently he does not want to take the medication he has been taking for 3 years because he believes that it is the medication that causes the vomiting. He has lost 5 kilos of weight.

CONCLUSION

Despite the use of cannabis as an antiemetic in the control of nausea and vomiting in patients undergoing chemotherapy in some countries, we can observe that sometimes serious paradoxical reactions appear that have to be taken into account. It is important to know this syndrome in addiction professionals and emergency services for early diagnosis and avoid repeated tests.