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Cyclic Vomiting syndrome and Cannabis hyperemesis syndrome a diagnostic and therapeutic challenge

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57 year old male with past medical history of ankylosing spondylitis presented with severe nausea and vomiting, inability of keeping anything down and subsequent acute kidney injury. He was aggressively hydrated and electrolytes were replaced but throughout the hospital stay he was nauseated and vomiting with every meal. He would spend most of the time in warm showers and was extremely distressed about his situation. He had been following with Gastroenterology for his condition for decades. He started developing these symptoms since the age of 21. He had also been feeling excessive cramping in his abdomen during the episodes. He did not have any pain or tenderness and had episodes of diarrhea and constipation. He had underwent multiple EGD and colonoscopies with no macroscopic or microscopic findings for celiac, IBD, microscopic colitis or other autoimmune diseases. He was labelled with IBS Mixed with as needed Linzess or Miralax. Antiemetics including ondansetron and metoclopramide were hardly effective. Given his vomiting predominant syndrome, primary team was concerned for cyclic vomiting versus cannabis hyperemesis syndrome. Suspicion was stronger for cyclic vomiting since patient had periods of cannabis abstinence with similar symptoms and the symptom onset preceeded the cannabis use. Based on Rome 4 criterion he was diagnosed with Cyclic vomiting syndrome and referred to gastric motility clinic. Guidelines for diagnosis are as in the picture. Treatment includes prophylactic and abortive therapy with prophylactic therapy indicated for severe frequent recurrences and includes TCAs and propranolol. Abortive therapy includes sumatriptan and NK1 inhibitor. This patient was started on Sumitriptan with good response. However Cannabis use even though unrelated, this patient was asked to quit due to association of CHS which lies on the same spectrum, likel;y worsening his picture.

Biography

Dr. Bipneet Singh studied medicine at DMCH Ludhiana and graduated as MBBS in 2021.He then was selected for residency in internal medicine at Henry Ford Health Jackson in Internal Medicine. Due to keen interest in GI he worked with the chair of GI Dr. Bern, working on publications and poster presentations with most prominent ACG Vancouver where he won outstanding poster presenter. With plans to apply for GI fellowship at the end of residency, he is currently involved with projects with faculty at Henry Ford Jackson and University of Michigan

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