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Improving the diagnosis of cannabinoid hyperemesis syndrome

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Dear Editor,

Two recent publications in this journal regarding cannabinoid hyperemesis syndrome (CHS) reflect a common fact in the clinical practice. Although the syndrome is increasingly well-known, patients still receive a late diagnosis, sometimes after years of delay (1,2). This entails multiple visits to the ER, as well multiple outpatient visits and diagnostic tests in gastroenterology departments. Furthermore, there are many unnecessary hospital admissions that are often accompanied by an uncertain discharge diagnosis (psychogenic vomiting, etc.) (1).

Some factors should also be borne in mind with regard to the alleged increase in CHS events. These include the trivialization of cannabis use, under the euphemism of medicinal cannabis and the emergence of synthetic cannabinoids, which are more powerful than "natural" cannabis and easily accessible on the web. Furthermore, there has been an increased cannabis cultivation for self-consumption, usually using genetically modified seeds with a higher agonist activity on cannabinoid receptors and no antagonist compounds (3).

Thus, there is a growing number of young cases in ERs with fewer years of sustained use and fewer units consumed on a daily basis. Compulsive hot-water showering to

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relieve vomiting, subsidence after discontinuation, recurrence after re-exposure and the ineffectiveness of antiemetics remain the diagnostic criteria. However, it should be noted that topical capsaicin and endovenous haloperidol may relieve acute manifestations, usually with immediate symptom relief (4).

We suggest that cannabis use should always be probed in individuals suffering from vomiting and abdominal pain of an uncertain origin. A qualitative urine test for cannabis (THC) should be ordered when CHS is suspected, even if cannabis use is denied. If positive, a new directed history should be taken in order to confirm cannabis consumption and then provide a proper diagnosis and treatment for CHS. However, false positive results may be obtained due to cross reactivity or in the absence of recent consumption (5).

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