Cannabinoi

A 39 year old female with 5 year history of heavy marijuana use was hospitalized twice for refractory nausea and vomiting that was relieved only with warm showers and promethazine. She was discharged after one hospitalization with moderate improvement of symptoms after an extensive workup demonstrated no infection, negative EGD, and no evidence for pancreatitis or bowel obstruction. She then was re-admitted 2 weeks later after having return of symptoms following cannabis use. She presented with lactic acidosis of >4mmol/L, troponins >2000 ng/L, negative procalcitonin, and mild leukocytosis. Echocardiogram demonstrated diffuse hypokinesis with ejection fraction of 40%, and a subsequent cardiac catheterization demonstrated patent coronary arteries.

Patient was diagnosed with cannabinoid hyperemesis syndrome and new onset heart failure with mildly reduced ejection fraction (HFmrEF). She was started on guideline based medical therapy, and discharged home with strict instructions to discontinue cannabis use and manage nausea and vomiting conservatively.

References


