



**ESIM WINTER SCHOOL 2017
RIGA, LATVIA**



The Shower Is Not (Hot) Enough

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MS, ♀, 31 ys



- Pharmacist
- Live with boyfriend, 1 cat
- Active smoking (4 sig/die)
- Social drinking

- Polycystic ovary
- Estroprogestinic oral therapy

2010

EPISODES OF NAUSEA AND VOMITING

EPISODES OF 5-6 DAYS (2/MONTHS) → WELLNESS

10 EPISODES/DAY

NO SELF-INDUCED

NO RELATION TO FOOD

ANTICIPATORY NAUSEA/ ASSOCIATED WITH ABDOMINAL PAIN

REFRACTORY TO PHARMACOLOGICAL THERAPY



WEIGHTLOSS (- 15 Kg/5 ys)

INCREASED SYSTOLIC PRESSURE

(160 mmHg)

- XX ER ADMISSIONS, 3 HOSPITALIZATIONS
- ✓ UPPER-LOWER ENDOSCOPY
- ✓ MR-ENTEROGRAPHY : jejunal thickening
- ✓ PET -SCAN PUSH ENDOSCOPY
- ✓ ESOPHAGEAL MANOMETRY

- ✧ ANTIEMETICS
- ✧ ANTIBIOTICS
- ✧ FLUID HYDRATATION
- ✧ PPI

PE, LAB



GCS15/15

DB **170/90 mmHg**, pulse 92/mn, sO₂ 98% AA

38 Kg (**BMI 15.2**)

PE: soft, nontender abdomen

Hb	12 g/dl
RBC	4.14 *10 ⁶ /ul
WBC	10.32 *10 ³ /ul
PLT	239 *10 ³ /ul

Gluc	85 mg/dl
Na	149 mEq/l
K	3.11 mEq/l
Cl	112 mEq/l
Ca	9.8 mg/dl

Liver/Renal/pancreatic/Thyroid test
Tissue transglutaminase Ab
Cortisol, Aldosterone/renin
Metanephrines

- 10 episodes serious and persistent vomiting/day
- dehydrated

- Fluid hydration
- Antiemetics

HYPOTESIS?

OTHER EXAMS?

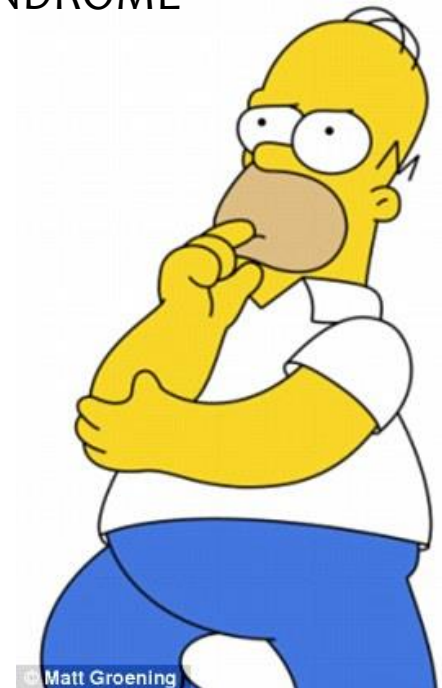


- Partial or intermittent obstruction of the stomach or small intestine?



SUPERIOR MESENTERIC ARTERY SYNDROME

- Impair gastric emptying or small intestine motility?
- Psychiatric disease?
 - Intracranial disorder?



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WORKUPS



ABDOMINAL US (with intestinal study): “liquid gastrectasia... absence of stenosis of the renal arteries”

UPPER GI BARIUM STUDY:
Gastric dilatation...



GASTRIC EMPTYING STUDIES (14C-octanoic acid gastric emptying breath test):
negative

ABDMINAL CT: ...no focal GI distention, no extrinsic compressions and vascular abnormalities...

CLINICAL COURSE



- Intractable vomit+ abdominal pain
- Antiemetics, metoclopramide, ondansetron
- Hot water (compulsive bathing behavior)

After 7 days **SPONTANEOUS RELAPSE**

No nausea/vomiting/abdominal pain
BP 116/70 mmHg



THE KEY



TOXICOLOGICAL SCREENING TEST: cannabis (urine/blood stools)

Cannabis Use from at least 10 ys
(Anxiety relief)

CANNABINOID HYPEREMESIS SYNDROME

STOP DRUG ASSUMPTION
6 MONTHS LATER : NO VOMITING, NORMAL BP, +3 Kg

CANNABINOID HYPEREMESIS SYNDROME (CHS)



Long-term cannabis use

+

(Major features)

- ✓ Severe cyclic nausea and vomiting
- ✓ Resolution with cannabis cessation
- ✓ Relief of symptoms with hot showers or baths
- ✓ Epigastric or periumbilical abdominal pain

(Supportive features)

- ✓ Age < 50 ys
- ✓ Weight loss over 5 Kg
- ✓ Morning predominance of symptoms
- ✓ Normal bowel habits
- ✓ Increased systolic blood pressure
- ✓ Negative laboratory, radiographic, and endoscopic test results

CANNABINOID HYPEREMESIS SYNDROME (CHS)



- ❖ Cannabis is the most widely used illicit drug worldwide among all age group.
- ❖ With the continuous rise of drugs abuse, the entity of this disease is expected to grow up, especially among the adolescents
- ❖ Paradoxical emetic effect from cannabis abuse is well under-recognized
- ❖ Conventional antiemetics are generally not been effective in relieving symptoms
- ❖ Compulsive bathing behaviour, the exposure to hot water is referred as the only alleviating measure to control symptoms and it becomes a compulsive behaviour. Typically the patient take multiple showers with very high temperatures for many hours. The mechanism by which hot water produce a reduction in the symptoms is unknown
- ❖ Therapy: cannabis cessation

TAKE HOME MESSAGES



- ✓ Accurate personal history and pe (direct question)
- ✓ Attention to prejudice
- ✓ If you don't know..ask!

Thank you for the attention...