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Cannabinoid Hyperemesis Syndrome: The challenge of diagnosis and management – A case report

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Introduction: Cannabinoid Hyperemesis Syndrome (CHS) is a condition associated with long-term cannabis use, marked by recurrent episodes of nausea, vomiting and abdominal pain, typically relieved by hot showers—a nearly pathognomonic feature. It often develops after years of heavy cannabis use, with symptoms recurring cyclically every few weeks to months while the individual continues to use cannabis. Symptom resolution is generally observed after cessation. Though cannabis is commonly used to relieve nausea (as in chemotherapy-induced vomiting), in susceptible individuals, prolonged use paradoxically induces these symptoms, presenting a diagnostic and therapeutic challenge. Recognizing CHS is increasingly important as global cannabis consumption rises.
Objectives: The aim of this study is to review the clinical presentation of CHS, highlighting key diagnostic features, current management strategies and treatment.
Methods: A comprehensive case report of a 27-year-old female with a history of heavy cannabis use was conducted. She presented with severe nausea and vomiting for two weeks following reported cannabis cessation. A thorough clinical evaluation was undertaken to better understand the clinical presentation of CHS. Additionally, a literature review was performed using PubMed to gather relevant clinical articles on CHS.
Results: The patient exhibited hallmark features of CHS, including a prolonged history of cannabis use beginning in adolescence, recurrent episodes of severe nausea, vomiting, abdominal pain, the typical compulsive use of hot showers for symptom relief and lack of response to conventional antiemetic treatments. These features, combined with the patient's lack of motivation to discontinue cannabis despite symptom recurrence, strongly support the diagnosis of CHS. Although she had a history of an eating disorder and presented with the Russell sign and dental damage consistent with chronic vomiting, no psychiatric comorbidities or body image disturbances were identified.
Conclusions: CHS remains an under-recognized condition that poses diagnostic challenges. This case reinforces the need to inquire about cannabis use in patients presenting with cyclic vomiting, abdominal pain and weight loss. CHS symptoms and pathophysiological mechanisms can mimic other important diseases, such as eating disorders or gastrointestinal pathologies. Challenges in managing CHS include patient skepticism regarding the role of cannabis as a cause of symptoms, perceived benefits of cannabis and a lack of other effective therapies. Management of CHS involves both acute symptomatic treatment and long-term cessation of cannabis use. Acute interventions may include fluid resuscitation, haloperidol administration, and topical capsaicin application. However, the only definitive treatment is complete abstinence from cannabis, which leads to symptom resolution in the vast majority of cases.

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Ekbom Syndrome in the context of psychotic depression and cocaine use: A case report

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Introduction: Ekbom syndrome, also known as delusional infestation (DI), is a rare mono-symptomatic psychosis in which the patient has the firm and unshakable belief that one's body, mainly their skin, is infested by parasites or bugs. DI primarily affects middle-aged women and it can be classified as primary or secondary, often associated with other psychiatric conditions like psychotic depression, or induced by substances such as cocaine or amphetamines. Understanding that DI may not represent a single, uniform disease or diagnostic entity and can have various underlying causes is essential for accurate diagnosis and effective treatment.
Objectives: This study aims to examine the clinical presentation, etiology and therapeutic approach for a patient presenting with DI while comparing approaches for different DI etiologies.
Methods: A case report was conducted on a 61-year-old woman presenting with delusion of infestation, skin lesions, depressive symptoms and a toxicology screening positive for cocaine. Addicionally, a literature review using the PubMed database was performed to identify relevant clinical articles on DI.
Results: In evaluating the patient's condition, the initial differential diagnosis included formication, a condition where patients experience sensations such as stinging or crawling on the skin without developing fixed delusions. Formication can arise from multiple neurological or systemic causes, including exposure to substances. A unique subtype of formication, known as "cocaine bugs," is seen in cocaine users and produces similar tactile sensations. Cocaine-induced formication is often part of a broader cocaine-related delirium that involves hallucinations and ideas of contamination. For these patients, detoxification is a priority in treatment, addressing the substance use disorder directly. In cases where delusions develop alongside these sensations, particularly in individuals with pre-existing psychiatric conditions such as schizophrenia or depressive disorder, the diagnostic focus shifts.
Conclusions: Delirium of infestation can occur in individuals with cocaine use and those with psychotic depression. More than half of the patients with DI have a history of depression and both conditions often coexist. There are individuals for whom DI appears to cause depression and patients for whom depression appears to precipitate DI. This case highlights the complexity in diagnosing and treating DI, particularly when cocaine use and psychotic depression co-occur. The patient's symptoms reflect overlapping etiologies, with cocaine use likely exacerbating formication, while psychotic depression contributed to fixed beliefs of infestation. Given the frequent co-occurrence of DI and depressive symptoms, further research is needed to refine neurobiological insights and treatment strategies for DI across these patient groups.

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