INTRODUCTION
Marijuana is one of the most frequently used illicit substances in the US. In more recent times, it has grown in popularity due to legalization for various clinical indications, including chronic refractory pain not alleviated by opioids. While it is well known for its antiemetic and analgesic properties, long-term use can be associated with cyclical episodes of abdominal pain, nausea, and vomiting. Rarity of these cases can possibly be due to underrecognition of this debilitating condition. Cannabinoid Hyperemesis Syndrome (CHS) is usually a diagnosis of exclusion and can be made if patients meet criteria. This includes long-term cannabis use, cyclic nausea and vomiting, severe abdominal pain, resolution with use. With the advent of cannabis canaries and legalization for medical comorbidities, physicians should be more aware and vigilant in recognizing when criteria is met for CHS.

CASE REPORT
The case report presented is a 33-year-old AAM, who has presented intermittently to our hospital with the same complaint of severe epigastric and LLQ pain, as well as nausea and vomiting exacerbated by recent THC abuse. The patient had recently relapsed from a 6-month sobriety, abusing about 1/2 ounce daily for the past 3 weeks. During his period of sobriety, there were no complaints of pain, nausea or vomiting. He was known to our service due to repeated hospitalizations for abdominal pain and Acute Kidney Injury (AKI). During hospital admissions he would start on hydroxyzine which was eventually discontinued due to concern of drug seeking behavior and IV antiemetics were advised by our team. He was also noted by staff to take frequent hot showers which reportedly relieved nausea and vomiting. AKI most likely was secondary to intractable vomiting and hypovolemia. The severity and recurrence of abdominal pain, nausea and vomiting appeared in relation to the patient’s marijuana abuse with resolution of symptoms upon abstinence. Full GI workup, including upper endoscopy and MRCP, was completed without any underlying disease. A diagnosis of Cannabinoid Hyperemesis Syndrome was made.

Proposed Clinical Criteria for CHS

Essential for diagnosis:
Long term Cannabis use

Major Features:
Severe Cyclic Nausea
Resolution with Cannabis Cessation
Relief of Symptoms with hot showers/baths
Abdominal pain, epigastric or periumbilical
Weekly use of Marijuana

Supportive Features:
Age less than 50 years
Weight loss of >5 kg
Morning predominance of symptoms
Normal bowel habits
Negative laboratory, radiographic and endoscopic test results

DISCUSSION
Recent legalization of cannabis in a number of states for medical purposes such as refractory chronic pain and anorexia has led to increased use of this particular substance. However, physicians must consider the paradoxical effect of hyperemesis and pain in susceptible cannabis smokers. Recognition of the disorder, appropriate counseling, and cannabis cessation are paramount in treating these patients. Abstinence is a key factor in both diagnosis and prognosis.

REFERENCES