

INTERNATIONAL SUMMIT ON DIABETES, ENDOCRINOLOGY, AND METABOLIC DISORDERS

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Cannabinoid hyperemesis syndrome in pregnancy: a case series and review

Abstract:

Background:

Cannabinoid hyperemesis syndrome (CHS) is a syndrome of cyclic nausea and vomiting in the setting of chronic cannabis use. To date, only 11 cases of CHS in pregnancy have been reported.

Case presentation:

We describe two cases of uncontrolled vomiting in pregnancy due to CHS. Case 1 represents a 30-year-old Caucasian woman presenting in the 5th week of gestation with nausea, vomiting and abdominal pain intermittently of 1 week duration. Physical work-up was normal, and symptoms resolved with supportive treatment within 3 days, only to occur again at the 14th week of gestation, and again at the 30th week of gestation. Link between symptom relief and hot bathing led to suspicion for CHS, confirmed with positive cannabis urine toxicology screening. Nausea, vomiting and pain subsided with cannabis cessation, and baby was born healthy at 38+5 weeks gestation. Case 2 describes a 28-year-old Caucasian woman presenting in the 16th week of gestation with nausea, vomiting and abdominal pain. Physical examination was normal, and symptoms self-resolved. Two weeks later, in the 18th week of gestation, the patient re-presented to the emergency room with sudden re-occurrence of nausea, vomiting and abdominal pain. Once again, a link between symptom relief and hot bathing was noted on admission. The patient was educated on possible links of chronic cannabis use with CHS symptoms and subsequently relayed extensive (>14 years) cannabis use history. Symptoms resolved with cannabis cessation. Baby was born at 37 weeks gestation, with low birth weight of 2180 g requiring 5 days neonatal intensive care unit (NICU) treatment. Regular follow-up up to 5 months post-partum confirmed no CHS relapse with cannabis cessation.

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Conclusion:

CHS in pregnancy is likely under-reported, reflective possibly of limited physician and patient awareness of this condition, as well as patient concealment of cannabis use in pregnancy. In cases of severe, cyclic nausea and vomiting in pregnancy unresponsive to typical anti-emetic treatment, comprehensive social history including cannabis use should be sought, and associated hot bathing for symptomatic relief out-ruled.

Keywords: Cannabis, hyperemesis gravidarum, cyclic vomiting, hot water bathing, Pregnancy

Biography:

Dr Sarah Hanley is a Consultant General Adult Psychiatrist, and Consultant Perinatal Psychiatrist currently working in Galway University Hospital, Ireland. Dr Hanley has a masters in Psychoanalytic Psychotherapy from Trinity College Dublin, and a diploma in Neurodiversity from University College Dublin, and diploma in Mindfulness from University College Cork. Specialist areas of interest included ADHD and ASD in peripartum, as well as medical psychotherapy. Dr Hanley is a trained in Mentalization-Based Treatment therapist.