

Steroid Treatment for Patient with Intractable Nausea, Vomiting, and Abdominal Pain With Underlying Autoimmune Gastritis

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Introduction

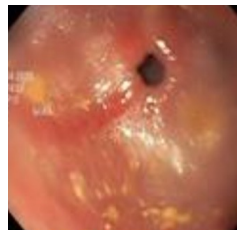
- Intractable nausea and vomiting from autoimmune gastritis (AIG) and cannabinoid hyperemesis syndrome (CHS) share symptoms¹:
 - Differentiation can be difficult
 - Increased need for comprehensive hx taking
- Continuation of symptoms post cessation of cannabinoid use should encourage further evaluation with specific focus on:
 - Personal history of autoimmune conditions**
 - Incomplete extended family hx of cancers and autoimmune pathologies**
- Continued legalization of marijuana in America and utilization by younger demographics will further skew physicians to anchor to CHS as primary dx

Case Report

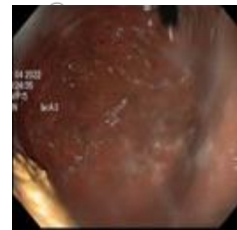
Pleasant 29-year-old male with PMH of N&V in teen years presents with onset of nausea and episodes of vomiting over the last few months. Patient complained of heightened baseline nausea, exacerbations of post-prandial N&V, and occasional N&V without food. Claims bloating and denied dysphagia, GERD, headaches, or visual changes. Minimal relief with use of marijuana and ondansetron and exacerbation of symptoms with promethazine.

Findings

- First EGD with subsequent gastric biopsy:
 - Gastric biopsies showing:
 - Positive for *H. pylori* with AIG
 - Intestinal Metaplasia
 - Erythema and erosions in antrum and stomach body, normal esophagus/duodenum
- Associated symptoms following first EGD:
 - Ongoing/progressive symptoms
 - 20 pound weight loss
 - LLQ abdominal pain
- Second EGD/First Colonoscopy
 - Prompted by persistent symptoms and per patient request
 - 6 weeks after first EGD
 - Ongoing gastritis in lesser and greater curvature with continued features of AIG
 - Report of previous hx of recurrent **pericarditis**, possible **autoimmune etiology**
- Resolution:
 - Prednisone 40 mg** tapered by 10 mg every 7 days with no recurrent response
 - Full resolution of symptoms within three weeks



Erythema and erosions in antrum and stomach body compatible with gastritis



Stomach Fundus

Discussion

- Gastritis and CHS can present with symptoms of N&V, abdominal pain, and GERD
- Etiological cause initially believed to be related to CHS. Continued symptoms despite cessation of cannabinoids and usage of PPI and TCA
- At later visit, patient confirms hx of gastric cancer and colon cancer in extended family. Also reports personal history of pericarditis, with possible autoimmune etiology
- Persistent nausea, vomiting and abdominal pain believed to related to autoimmune process
- Resolution of symptoms with prednisone 40 mg with taper of 10 mg per week thereafter

Conclusion

- This case exemplifies that although CHS, GERD and functional dyspepsia are common, there are cases that require 'out of the box thinking', especially those involving autoimmune conditions
- Based on this case, a course of oral steroids can be considered and monitored closely for response and tapered over several weeks

References

- Woods JA, Wright ND, Gee J, Scobey MW. . Cannabinoid Hyperemesis Syndrome. *American Journal of Therapeutics*. 2016; 23 (2): e601-e605. doi: 10.1097/MJT.0000000000000034.