**Question 18 – December 3**

A 26-year-old male presents with intermittent vomiting, headache and abdominal pain for the past year and half. Many times, vomiting is preceded by intense retching and followed by intense sweating. These symptoms first started when he started grad school and had to deal with a significant amount of stress. He experienced multiple vomiting spells as described above that would resolve spontaneously. He often went to the ED for IV fluids and nausea management but a diagnosis was never made. He had an EGD 1 year ago which was negative for any acute findings that would explain his symptoms. He denies having symptoms of vertigo, migraines, anxiety or depression. History reveals substance abuse problems in his family.

What is the next best step in management?

A. A trial of proton pump inhibitors for 2 weeks to treat and diagnose underlying gastroesophageal reflux disease  
B. Prescribe ondansetron to be taken as needed for symptomatic management as his symptoms are related directly to stress and you are confident that they will resolve spontaneously  
C. Repeat EGD, as an underlying peptic ulcer was most likely missed during initial EGD  
D. Check urine toxicology screen to confirm your suspicion of tetrahydrocannabinoid use  
E. Give him a referral to an Endocrinologist as his symptoms are most likely related to gastroparesis secondary to undiagnosed type I Diabetes Mellitus

**Answer: D**

The vignette describes a typical presentation of cyclical vomiting syndrome (CVS) associated with Marijuana abuse. It is unclear what pathogenesis is responsible for development of CVS with marijuana abuse. However, it is important to tell patients about this relationship and to encourage them to discontinue marijuana.