Table 1. Mayo Clinic proposed clinical criteria for diagnosis of cannabis hyperemesis syndrome

Essential	Long-term cannabis use
Major feature	Severe cyclic nausea and vomiting
	Resolution with cannabis cessation
	Relief with hot showers or baths
	Abdominal pain (epigastric or periumbilical)
	Weekly marijuana use
Supportive features	Age <50 years
	Weight loss >5 kg
	Predominantly morning symptoms
	Normal bowel habits
	Negative laboratory, radiology and endoscopy results

From Simonetto et al (2012)

LEARNING POINTS

- Patients presenting with hyperemesis have a vast differential. A good history is essential so that social clues are not missed.
- Cannabis hyperemesis syndrome, although increasingly reported, remains under-recognized, under-diagnosed, and is not limited to adults.
- Awareness of cannabis hyperemesis syndrome is crucial to prevent unnecessary investigations.
- The only effective treatment is cannabis cessation.
- Cannabis use is associated with many complications, with this report showing a potential deadly complication of cannabis hyperemesis syndrome.

Negative laparoscopic appendicectomy: the value of diagnostic laparoscopy

A 37-year-old man presented with a 1-day classical history for appendicitis, the diagnosis only becoming clear during laparoscopy once the appendix had been visualized and full laparoscopy performed.

Results revealed that he had right iliac fossa local peritonism. The rest of his abdominal examination was unremarkable. Blood results showed a mild inflammatory picture.

Intra-operatively, the appendix appeared normal; however, there was frank pus in the right iliac fossa and the pelvis. A full laparoscopy was performed; a foreign body wrapped in omentum was found protruding through the jejunum (*Figure 1*). This was removed via a 6 cm incision extending umbilical port. The enterotomy was closed, and the patient made an uneventful recovery.

Postoperatively, the patient recollected swallowing whole the bone from a lamb chop 1 day before the onset of symptoms (*Figure 2*).

In cases of right iliac fossa pain where the patient dose not have an obviously inflamed appendix at laparoscopy, a full examination should be performed. Thus starting a case laparoscopically may prevent unnecessary laparotomy. Even an 'obvious' case of appendicitis should be consented for full laparoscopy and potential further procedures. BJHM

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Figure 1. Laparoscopic photograph of jejunum demonstrating foreign body perforation.

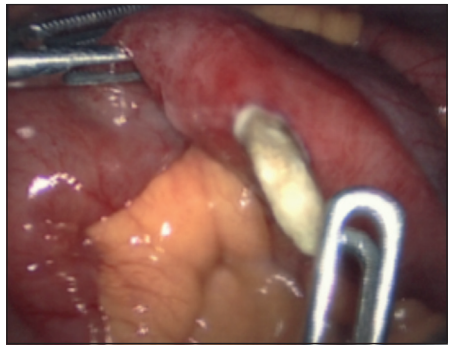

Figure 2. The removed foreign body – a lamb chop bone.