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15th Annual Congress on

Kidney: Nephrology & Therapeutics

August 28-30, 2017 Ph

Philadelphia, USA

Hypophosphatemia in users of Cannabis

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Cannabis has been legalized for medical and recreational use in several states, making physicians more aware of the drug's potential toxicities. First described in 2004, the cannabinoid hyperemesis syndrome (CHS) has been recognized as a significant cause of hospitalization among drug users. Relatively little, however, has been written about electrolyte or acid-base disturbances in CHS. Between 2011 and 2014, six men were treated for CHS at the VA Medical Center in San Diego, CA and found to have significant hypophosphatemia (range <1 to 1.3 mg/dL). The six cases will be presented and possible causes of hypophosphatemia discussed. In half of the patients, serum phosphate levels normalized spontaneously within hours, suggesting redistribution of phosphate as a potential mechanism. Hyperventilation, which can lead to phosphate redistribution was observed in two-thirds of the patients and may have contributed. Hypophosphatemia is a feature of CHS in some patients.

Biography

Peter Edward Cadman has received his MD from Columbia University, College of Physicians and Surgeons and completed his Internal Medicine Residency and Nephrology Fellowship at the University of California, San Diego (UCSD). As an Associate Clinical Professor of Medicine at UCSD, he holds a dual appointment with both the Division of Nephrology and Hypertension and the Division of Hospital Medicine. He works as a Staff Nephrologist and Hospitalist, acting as a Clinical Educator for Medical students, Residents and Nephrology fellows. To date, he has authored or contributed to 12 different publications.

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