

Case Definition: Multistate Outbreak of Vitamin K-Dependent Antagonist Coagulopathy Associated with Synthetic Cannabinoids Use (version 4/12/2018)

Introduction

Patients may experience life-threatening coagulopathy associated with use of synthetic cannabinoids, also known as “K2,” “spice,” “synthetic marijuana,” and “legal weed,” among other names. These clinical signs and symptoms have included bruising, bleeding, blood in urine or stool, and back or flank pain, particularly near the kidneys. Other signs and symptoms have included altered mental status, fainting, loss of consciousness, and collapse.

Clinical Criteria

Bruising, nosebleeds, bleeding of the gums, bleeding out of proportion to the level of injury, vomiting blood, coughing up blood, blood in urine or stool, or excessively heavy menstrual bleeding

Laboratory Criteria

- 1.) Elevated INR (greater than or equal to 2) or abnormal coagulation profile (e.g., PT in the absence of INR values) for which there is no clinical explanation
- 2.) Detection of a long-acting anticoagulant (e.g., brodifacoum) in blood, serum, plasma, or urine, as determined by reference laboratory testing

Case Classification

Suspected Case: Patient presents with one or more of the clinical criteria listed above without an alternate explanation for their symptoms AND with either (a) reported use of synthetic cannabinoids or unknown drugs or (b) some suspicion of previous or current drug use or exposure

Probable Case: Patient presents with either of the following:

1. One or more of the clinical criteria listed above AND reported use of synthetic cannabinoids during the three months prior to symptom onset (e.g., by patient, proxy, medical record, or healthcare professional) AND meets lab criteria #1
2. One or more of the clinical criteria listed above AND meets lab criteria #1 AND meets lab criteria #2 with no other possible explanation for these results

Confirmed Case: Patient presents with one or more of the clinical criteria AND with reported use of synthetic cannabinoids during the three months prior to symptom onset (e.g., by patient, proxy, medical record, or healthcare professional) AND meets lab criteria #2.