Do you know someone who has unexplained, severe, stereotypic episodes of vomiting?

Is the person well between episodes?

Cyclic Vomiting Syndrome

What Is It?

CVS is an unexplained disorder of children and adults that was first described by Dr. Samuel Gee in 1882. The condition is characterized by recurrent, prolonged attacks of severe nausea, vomiting and prostration with no apparent cause. In some there is severe abdominal pain. Vomiting occurs at frequent intervals for hours or days (1-4 most commonly). The episodes tend to be similar to each other in symptoms and duration and are self-limited with return of normal health between episodes.

Occurrence

CVS begins at any age. It can persist for months, years or decades. Episodes may recur several times a month or several times a year. Females are affected slightly more than males. The person may be prone to motion sickness, and there is often a family history of migraine. There is a high likelihood that children’s episodes will be replaced by migraine headaches during late adolescence.

Symptoms

Episodes may begin at any time, but often start during the early morning hours. There is relentless nausea with repeated bouts of vomiting or retching. The person is pale, listless and resists talking. They often drool or spit and have an extreme thirst. They may experience intense abdominal pain and less often headache, low-grade fever and diarrhea. Prolonged vomiting may cause mild bleeding from irritation of the esophagus. One mother aptly described her child’s state during the episode as a ‘conscious coma’. The symptoms are frightening to the person and family and can be life-threatening if delayed treatment leads to dehydration.

Diagnosis

CVS has been difficult to diagnose because it is infrequently recognized and is often misdiagnosed as stomach flu or food poisoning. There are as yet no blood tests, x-rays or other specific procedures used to diagnose the disorder. The diagnosis is made by careful review of the patient’s history, physical examination and lab studies to rule out other diseases that may cause vomiting similar to CVS.

Triggers

Although some patients know of nothing that triggers attacks, many identify specific circumstances that seem to bring on their episodes. Colds, flu and other infections, intense excitement (birthdays, holidays, vacations), emotional stress and menstrual periods are the most frequently reported triggers. Specific foods or anesthetics may also play a role.

Treatment

Treatment is generally supportive with much importance placed on early intervention. A dark quiet environment is critical for sleep. Hospitalizations and IV fluid replacement may be necessary. Medication trials often succeed in finding something to prevent, shorten or abort episodes. Links have been made between CVS and mitochondrial disease along with the use of CoQ10, L-Carnitine, and other supplements. It is important to work with a physician who does his/her best to understand CVS and is supportive.

Long-Term Treatment

The foundation of long-term management involves a responsive collaborative doctor-patient-family relationship, sensitive to stresses caused by the illness and to triggers such as feelings and attitudes that may pre-dispose to attacks. Consistent, accessible physician care by a care coordinator who understands and communicates the nature of CVS, regardless of specialty, is vital to the family’s well-being. Connections with the Cyclic Vomiting Syndrome Association, a family and professional network, does a great deal toward healing a family that has been in doubt and despair for years.

Related Terms

abdominal migraine, bilious attacks, periodic syndrome, recurrent vomiting
From the Patients

“As the attack progresses the nausea becomes constant. Nothin’ness above in severe form, I can only describe it as absolute hell. I feel so awful that I honestly want to die. As well as the constant unrelenting nausea, I am utterly exhausted. All I want to do is sleep.”

Fiona, 17, England

“The nausea is controlling, unrelenting and consumes every ounce of strength. I always sensed, real or imagined, that everyone thought I should be able to stop vomiting on my own. But sheer will does not control these attacks, a fact that’s hard to articulate-sick or well. I knew my parents were worried, exhausted and even angry at times. I felt very guilty about not being able to stop vomiting and that made me feel even worse. That’s a big burden for a child! I can say it’s very important that parents don’t doubt their child about CVS and its effects.”

Jennifer, age 27, Illinois

From The Professionals

“We’re up against it with CVS. As doctors and parents, we’re struggling together as equals against a common problem. The collaborative model for the doctor-patient-family relationship is critical in the management of this disease.”

D. Fleisher, MD

“...cyclic vomiting, though not fatal or progressive, is productive of permanent organ damage... appears to be one of the most frustrating and elusive forms of chronic childhood illnesses. Because of the frightening unpredictability of episodes, the lack of known etiology, and lack of a clear treatment regimen or prognosis, conditions for maximum family stress are created. Although the disease may ultimately remit, one runs the risk of leaving a child and family permanently psychologically scarred.”

K. Longeway, PhD, clinical psychologist

“...the mother of the patient on account of anxiety and loss of sleep, presents a piteous figure as the curtain drops on the trying drama. The attending physician is subjected to the embarrassment of his conscious futility in answering the parent’s question as to what measures may be taken to prevent the next occurrence.”

P. Smith, MD, 1934 medical article on CVS

International Network

Our worldwide network continues to grow. We have either pediatric or adult CVS support in the following countries: Australia, Canada, Denmark, Italy, Spain, and the United Kingdom. Although the disease may ultimately remit, one runs the risk of leaving a child and family permanently psychologically scarred.”

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