

2C-B Psychodelia

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Learning Objectives:

1) Recognize the effects and presentation of someone possibly intoxicated with the drug 2C-B(2,5-Dimethoxy-4-bromophenethylamine). 2) Raise awareness about the drug and acknowledge the importance of taking into consideration the various differential diagnosis with a similar constellation of symptoms. 3) Stress the importance of a patient's travel history even in cases of substance induced psychosis as various illicit drugs are not available readily in the US.

Case Summary:

A 37year old male who presented to the emergency department with suicidal ideation and psychosis. Upon arrival the patient presented with tactile, auditory, visual and olfactory hallucinations. CMP, CBC, BAL, TSH, RPR, UDS and CT scan done in the emergency dept revealed no abnormalities. UDS did not show positive results for any illicit drugs. Upon further interview with the patient and collateral it was concluded that patient had recent travel history to Columbia and consumed extra dose of psychedelic drug 2C-B. Due to ongoing psychotic features, suicidal ideations and inability to function patient was admitted to inpatient psychiatric unit. Patient was initially started on Seroquel 50 twice daily and 100 mg nightly. Further in to his treatment plan Valproic acid 500was added due to his behavioral disturbance apart from psychotic features. Patient continued to have delusions and hallucinations for the next 2 days and on the 3rd the symptoms began to alleviate, and patient denied auditory or visual hallucination. Patient was stabilized over the course of the hospital stay and discharged on 12/30/19 with Depakote 750 mg every 12 hours, Seroquel 50 twice daily and 100 mg nightly.

Conclusions:

2C-B induced psychosis can present in a similar manner to psychosis from other entactogens. It doesn't come up on a urine drug screen. The drug is tightly regulated and restricted here in the US. However, partakers can have other means of acquiring the drug. This case underscores the importance of asking about a patient's travel history in cases where there is suspicion for substance induced psychosis