Conclusion
AB-FUBINACA toxicity was variable among this cohort, ranging from sedation to severe hypothermia, ventricular tachycardia, and refractory seizure.

Background
Synthetic cannabinoids (SCB) continue to evolve and elude both law enforcement and medical personnel treating SCB intoxication. We report a case series of 4 patients exposed to AB-FUBINACA, a third generation SCB, confirmed by drug specimen and urine analysis.

Case #1:
21 y.o. male found unresponsive in bed 10 hours post-ingestion. Bystander CPR initiated. Defibrillated twice for ventricular tachycardia. The patient achieved ROSC and was intubated by EMS. The patient had unexplained hypothermia with core temperature of 31.6°C. Comatose with 3mm fixed pupils. No hyperreflexia or clonus. Pressor support with norepinephrine and therapeutic hypothermia initiated. Discharged within 8 days of cardiac arrest with no neurologic sequelae.

Case #2:
20 year-old male, no PMH, presented 12 hours post-ingestion with sedation and altered mental status. Refractory seizure. Intubation and sedation with propofol. Normal vital signs with normal reflexes on propofol. Pupils were 6mm sluggishly reactive. Extubated the following day and discharged on hospital day #3 with normal neurologic function.

Case #3 & 4:
18 yo female and 19 yo male presented 12-14 hours post-ingestion with significant sedation, but vital signs were within normal limits. Monitored for 24 hours and discharged home.

Case Discussion
This case series demonstrates the variable toxicity of AB-FUBINACA with a propensity for sedation. Life threatening ventricular tachycardia and refractory seizure seem to be unrelated to dose. Advanced techniques such as therapeutic hypothermia may be considered.

Methods/Case Series
All reported ingesting the same capsule of white powder, thought to be “Molly”. Urine was analyzed by LC/MS-MS for 12 synthetic cannabinoid metabolites including AB-FUBINACA. All patients ingested at the same time, and presented 10-12 hours later to a local ED. The 4 patients presented here were deemed critical, and transferred to a tertiary care center.

References

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