

# Cannabis: Adverse Allergic, Immunologic, & Respiratory Correlates

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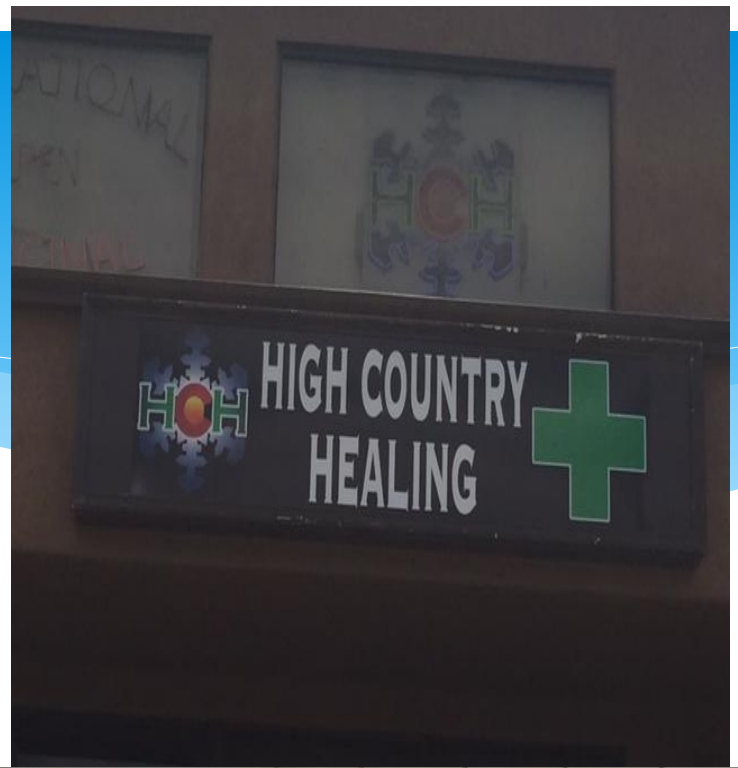


# DISCLOSURES

Conflicts of Interest: None

Someone's got to do this work w/o funding!





# MJ:

OCAMPO TL, RANS TS, CANNABIS SATIVA: THE UNCONVENTIONAL “WEED” ALLERGEN. ANN ALLERGY ASTHMA IMMUNOL, 2015, MAR 114(3): 187-92

Table 1. Allergies reportedly associated with Cannabis sativa

Allergic rhinitis<sup>[9], [14], [18], [43]</sup>

Allergic conjunctivitis<sup>[9], [14]</sup>

Asthma<sup>[42], [43]</sup>

Food allergy<sup>15</sup>

Eczema<sup>17</sup>

Drug eruption<sup>37</sup>

Contact urticaria<sup>[31], [38], [39]</sup>

Anaphylaxis<sup>[15], [33], [35], [51]</sup>



# Marijuana Use and Respiratory Effects

## Systematic Literature Review

Retail Marijuana Public Health Advisory Committee  
Final Approval: January 12, 2015

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**Table 1:  
Findings Summary: Marijuana Use and Respiratory Effects**

Substantial	Moderate	Limited	Insufficient	Mixed
Same carcinogens in marijuana smoke as tobacco smoke	Heavy use increases airflow obstruction	Increased particulate matter deposits compared to tobacco	Emphysema	COPD
Chronic bronchitis with cough/wheeze/sputum		Bullous lung disease	Respiratory infections	Lung cancer
Pre-malignant lesions in airways		Smoke from water pipes or bongs contain more cancer-causing chemicals		Respiratory health effects from vaporizing

Acute use improves airflow





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**February 2016** Volume 116, Issue 2, Pages 175–177

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## A Colorado allergist's experience with marijuana legalization

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Allergy Asthma Colorado PC, Englewood, Colorado

DOI: <http://dx.doi.org/10.1016/j.anaai.2015.11.014> |  CrossMark

Although I appreciated the fine review by Ocampo and Rans entitled Cannabis Sativa: The Unconventional "Weed" Allergen,<sup>1</sup> I thought it would be worthwhile to describe the few adverse reactions seen in our patient population. The relative paucity of these presentations since legalization of marijuana in Colorado suggests that cannabis sativa is a mild allergen, with significant exposure required to elicit respiratory and dermatologic allergic reactions.

With the advent of marijuana legalization in Colorado, we describe 3 recent patients with distinct clinical presentations suggestive of marijuana sensitization. The results of skin testing by the "puddle" technique were positive in 2 of these patients but negative in the other. These cases indicate the need for clinicians to query their patients about marijuana exposure and, when appropriate, perform specific testing to establish sensitization. Further investigation to elucidate the specific sensitizing antigen(s) in marijuana or its derivatives (eg, wax, oils) is required to better understand the pathobiology of this environmental exposure.



# RESULTS: MJ IN OFFICE PRACTICE 2016

**N=134**

132 answered, 2 declined  
28/132 Experienced symptoms (21%)

Patients who have <b>never smoked</b> MJ	69 (52%)
Patients who have symptoms from passive exposure	8 <b>(12%)</b>
Patients who have <b>smoked MJ in the past</b>	47 (35%)
Patients who have experienced symptoms	12 <b>(26%)</b>
Patients who <b>actively smoke MJ</b>	17 (13%)
Patients who have symptoms	8 <b>(47%)</b>







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# Take Home Messages

- \* **Take a History- Integrative, non-judgmental**
- \* **Cannabis allergy ranges from AR/C, asthma, dermatitis, occupational exposure, anaphylaxis**
- \* **After smoking, cutaneous contact, ingestion**
  - \* **Hemp seeds, cross-reactive foods**

**Dx: ole time crude extract skin testing for now  
standardized extracts, component testing in future**

**Benefits/Harms- need to know- for patients/caregivers**

**More patients present when med to recreational use**

**Observational outcomes studies/surveys needed now.**



