recently has been associated with acute kidney injury and AIS.5,7 New analogues are entering the market1 and evading detection. Spice’s association with seizures, heart attacks, renal failure, and now both ischemic and hemorrhagic stroke makes a thoughtful, thorough history critical.9

Although another etiology of ICH may exist (e.g., labile hypertension, occult connective tissue disease, noninflammatory vasculitis, amyloid angiopathy), our patients had an otherwise unrevealing workup (erythrocyte sedimentation rate, hs-C-reactive protein, platelets, coagulation, transthoracic/transesophageal echocardiograms, hypercoagulability panel). Nonetheless, spice may contain other, unknown components. Moreover, spice smokers may be polysubstance abusers. Methamphetamine use and an irregular, dilated radiculomedullary artery confounded one report of spice-associated spinal SAH.10 Our patients had no further illicit drug use found on history or screening, vascular malformations, or other apparent risk factors.

Physicians, nurses, emergency medical techni- cians, hospitals, public health officials, educators, and law enforcement see dangers of inhaled synthetic compounds firsthand. Collectively, we should address this growing public health threat aggressively.

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