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Endoscopic capture of *Anisakis* larva (a video demonstration)Mamiko Imanishi,¹ Masami Sato,¹ Yasuharu Tokuda²¹Department of Gastroduenterology, Mito Kyodo General Hospital, Tsukuba University, Mito City, Ibaraki, Japan;²Department of Medicine, Mito Kyodo General Hospital, General Internal Medicine, Tsukuba University, Mito City, Ibaraki, Japan**Correspondence to** Professor Yasuharu Tokuda, yasuharu.tokuda@gmail.com**DESCRIPTION**

A 49-year-old Japanese man presented to the hospital with a 3-day history of abrupt-onset sharp epigastric pain. He reported that he had eaten raw salmon and mackerel at a sushi restaurant about 6 h before developing epigastralgia. He did not have nausea, vomiting, diarrhoea, melena, haematemesis, fever or chills. Vital signs were normal except for tachycardia (pulse rate 100/min). The physical examination revealed moderate tenderness on the epigastrium without guarding or rebound tenderness. Laboratory evaluation was unremarkable. Simple x-ray showed no abnormality. Oesophagogastroduodenoscopy revealed multiple thread-like moving worms, *Anisakis* larvae, in the great curvature of the middle body and fundus. The larvae were successfully removed by endoscopic forceps, including the swimming one over the gastric mucosa (video 1). The pain was relieved as soon as endoscopic removal of the larvae. Acute gastric anisakiasis is caused by gastric mucosal penetration of the *Anisakis* larvae and should be suspected among those who develop abrupt-onset severe

sharp epigastric pain typically a few hours after eating raw or undercooked seafood.¹ Although anisakiasis was seen inclusively in Japan in the past, it has become an illness of concern in many countries, including the UK, where eating Japanese style raw or undercooked seafood, such as 'sushi' and 'sashimi', has become popular.² Because the most effective treatment is an endoscopic removal of the nematode larvae, early performance of endoscopy is highly recommended.

Video 1 Endoscopic capture of nematode *Anisakis* larva. 10.1136/bcr.03.2012.6068v1

Competing interests None.

Patient consent Obtained.

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