Anisakiasis: a growing cause of abdominal pain!

Joana Carmo,1 Susana Marques,1 Miguel Bispo,1,2 David Serra2

1Department of Gastroenterology, Hospital Egas Moniz, Centro Hospitalar de Lisboa Ocidental, Lisboa, Portugal
2Department of Gastroenterology, Hospital da Luz, Lisboa, Portugal

Correspondence to Dr Joana Carmo, joanavcarmo@gmail.com

Accepted 12 March 2017

DESCRIPTION
A previously healthy man, aged 32 years, was admitted with severe epigastric pain, vomiting and low-grade fever since the previous week. On physical examination, he had moderate abdominal tenderness. Laboratory results showed mild leucocytosis. After a careful interview, he revealed that he recently ate sushi. An upper gastrointestinal endoscopy was performed and showed on the gastric body, a filiform parasite firmly attached to an area of swollen and hyperaemic mucosa, with its end penetrating the gastric mucosa (figure 1). The larva was removed with a Roth net and the patient’s symptoms resolved immediately (figure 2). Microbiological analysis showed the larva belonged to Anisakis spp.

Anisakiasis is a zoonosis caused by nematodes parasites of the genus Anisakis.1 It is caused by the consumption of contaminated raw or undercooked fish or seafood.2 Most of the cases were described in Japan due to food habits; however, it has been increasingly recognised in Western countries.2 3 Patients can have allergic symptoms like angioedema, urticarial and anaphylaxis.1 Gastrointestinal symptoms include abdominal pain, nausea and vomiting and complications like digestive bleeding, bowel obstruction, perforation and peritonitis can also arise.4 Patients can have a low-grade fever.1 A severe leucocytosis can be present, but peripheral eosinophilia is rare.1 Three clinical patterns of the gastrointestinal tract involvement were described and all of them can mimic an acute surgical abdomen: (1) gastric acute form in which endoscopic removal of the larva is a curative treatment;1 2 (2) intestinal form with an acute or chronic presentation, a more challenging diagnosis and classically surgically treated;1 3 (3) ectopic subtype with peritoneal cavity involvement.2 3

Learning points
▸ Owing to changes in food habits, anisakiasis is a growing disease in Western countries, which should be suspected in patients with a history of ingestion of raw or uncooked fish.
▸ Anisakiasis can mimic an acute surgical abdomen.
▸ Endoscopy plays an important role in the diagnosis and treatment of gastric anisakiasis.

CONTRIBUTORS
JC and SM did the writing of the manuscript. DS and MB were responsible for the revision of its contents.

COMPETING INTERESTS
None declared.

PATIENT CONSENT
Obtained.

PROVENANCE AND PEER REVIEW
Not commissioned; externally peer reviewed.

REFERENCES

Figure 1 A parasite firmly attached to an area of swollen and hyperaemic mucosa, with its end penetrating gastric mucosa, was seen on the gastric body in an upper gastrointestinal endoscopy.

Figure 2 The larva was removed with a Roth net.