

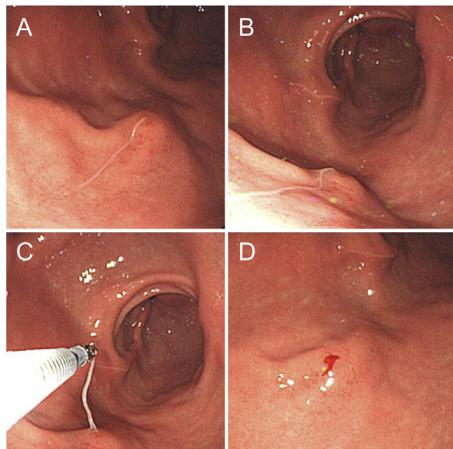


## Image of the Month

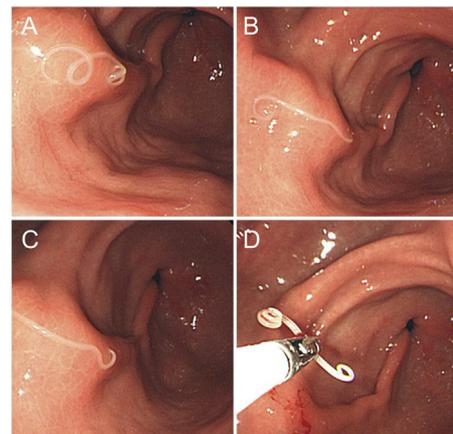
## Gastric anisakiasis after eating raw salmon

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A 54-year-old man presented with epigastric pain and nausea for 5 days. His symptoms had developed shortly after consuming raw salmon and alcohol. Owing to a history of reflux esophagitis and gastritis, he self-medicated with antacids, which were ineffective. His abdomen was nontender, and plain abdominal radiography was unremarkable. His white blood cell count was 10,200 cells/mm<sup>3</sup>, with 6.04% eosinophils. Emergency esophagogastroduodenoscopic (EGD) examination revealed three white-colored thread-like worms, measuring 2 cm in length, in the gastric antrum (Figs. 1 and 2). Although they were initially indistinguishable from gastric mucus, close examination revealed mobile worms penetrating the gastric wall. All parasites were removed using forceps and were identified as *Anisakis simplex* larvae. The patient was asymptomatic immediately after worm extraction. Colonoscopy was unremarkable. Repeat EGD performed a month later showed no worms.



**Fig. 1.** (A, B) The image shows a larva of *Anisakis simplex* penetrating the mucosa of the gastric antrum. (C) The worm was removed using forceps. (D) The surrounding mucosa is edematous and erythematous.



**Fig. 2.** (A–C) The image shows another *Anisakis simplex* larva penetrating the gastric wall near the location at which the first worm had penetrated. (D) This worm was also removed using forceps.

Human anisakiasis is a parasitic infestation acquired after accidental ingestion of raw fish infested with the third-stage larvae of *Anisakis* species. The larvae penetrate the gastric or intestinal walls and cause gastrointestinal or allergic symptoms [1]. The symptoms of gastric anisakiasis are indistinguishable from those of reflux esophagitis or gastric ulcers. Thus, physicians should consider anisakiasis among the differential diagnoses in patients reporting with epigastric pain after eating raw fish. There is no effective medical treatment for anisakiasis, and emergent endoscopic worm extraction is required.

**Conflict of interest**

None declared.

**Acknowledgments**

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**Reference**

- [1] Bucci C, Gallotta S, Morra I, Fortunato A, Ciacci C, Iovino P. Anisakis. Just think about it in an emergency! *Int J Infect Dis* 2013;17:e1071-2.

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