A bleeding gastric ulcer caused by anisakiasis

Kenta Hamada, Noriya Uedo, Yasuhiko Tomita, Hiroyasu Iishi

Department of Gastrointestinal Oncology, Osaka Medical Center for Cancer and Cardiovascular Diseases, Osaka, Japan

A man in his 70s presented to the emergency unit for hematemesis. His recent blood test showed normal liver and renal function, and serum anti-\textit{Helicobacter pylori} (\textit{H. pylori}) IgG antibody was negative. He took neither steroids nor non-steroidal anti-inflammatory drugs (NSAIDs). Emergency endoscopy revealed a bleeding gastric ulcer in the greater curvature of the gastric body (Fig. 1A). Endoscopic hemostasis was performed using a combination of hemoclips and soft coagulation using hot biopsy forceps. Next day, second-look endoscopy revealed an \textit{Anisakis} larva (Fig. 1B) on the edge of the ulcer. The larva was removed with biopsy forceps (Fig. 1C). He said that he ate pickled mackerel fish 5 days before hematemesis.

Anisakiasis is a human parasitic disease caused by eating undercooked or raw fish such as cod, salmon, herring or mackerel infected with third-stage \textit{Anisakis} larvae [1,2]. Endoscopic appearance includes erythema, erosions, ulcerations, and submucosal tumor-like mass [2]. However, the incidence of bleeding gastric ulcers is low at 0.5% [3]. As Japanese dishes become popular around the world, consumption of raw fish food, sushi or sashimi, is increasing. We should be aware that anisakiasis can be a cause of non-\textit{H. pylori} and non-NSAID peptic ulcer and bleeding.

Figure 1 (A) Emergency endoscopy revealed a bleeding gastric ulcer in the greater curvature of the gastric body. (B) Second-look endoscopy revealed an \textit{Anisakis} larva on the edge of the ulcer. (C) Histological examination showed the whole longitudinal body of an \textit{Anisakis} larva

References