

Gastric Anisakiasis Masquerading as Gastroesophageal Reflux Disease

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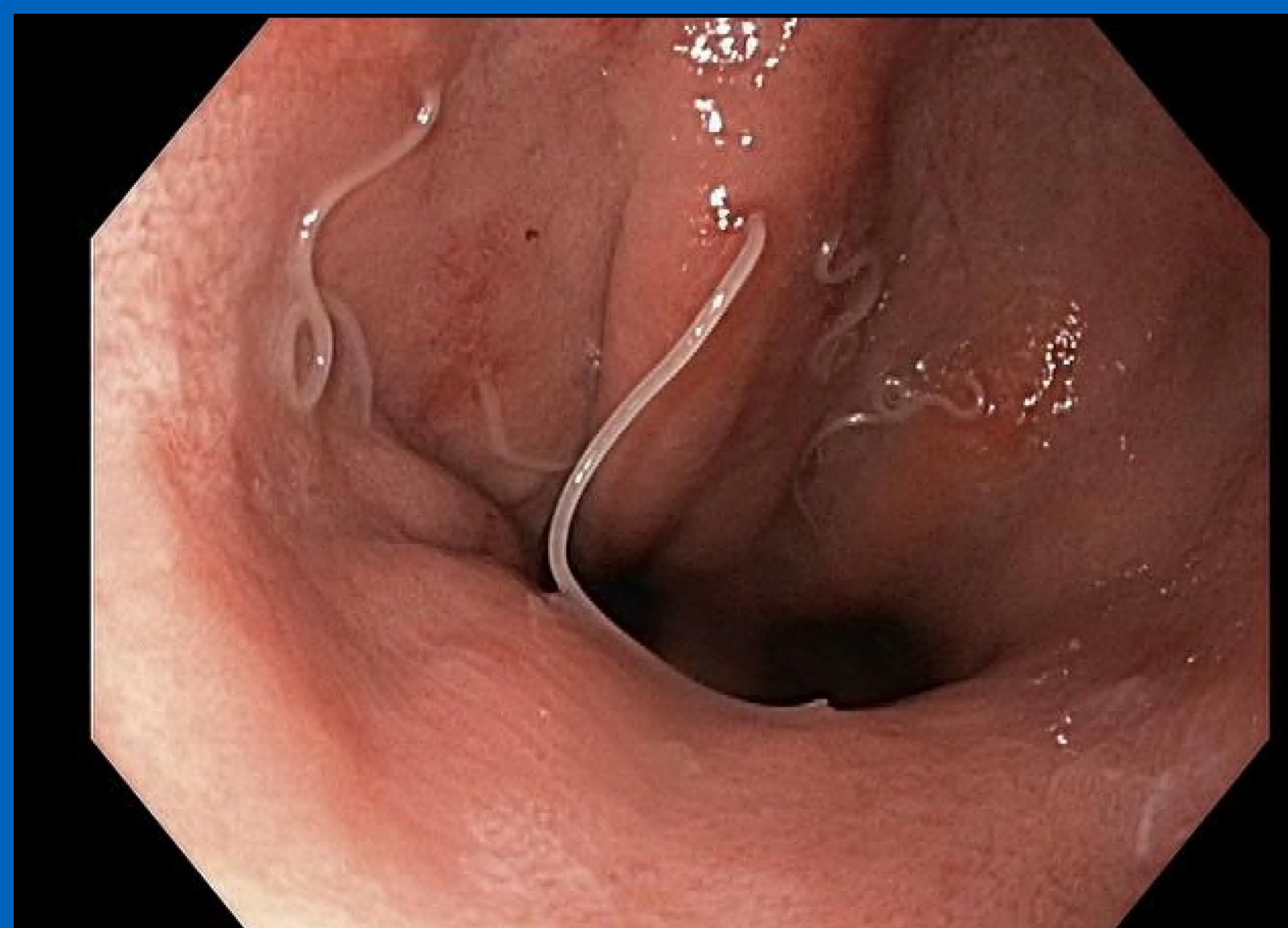
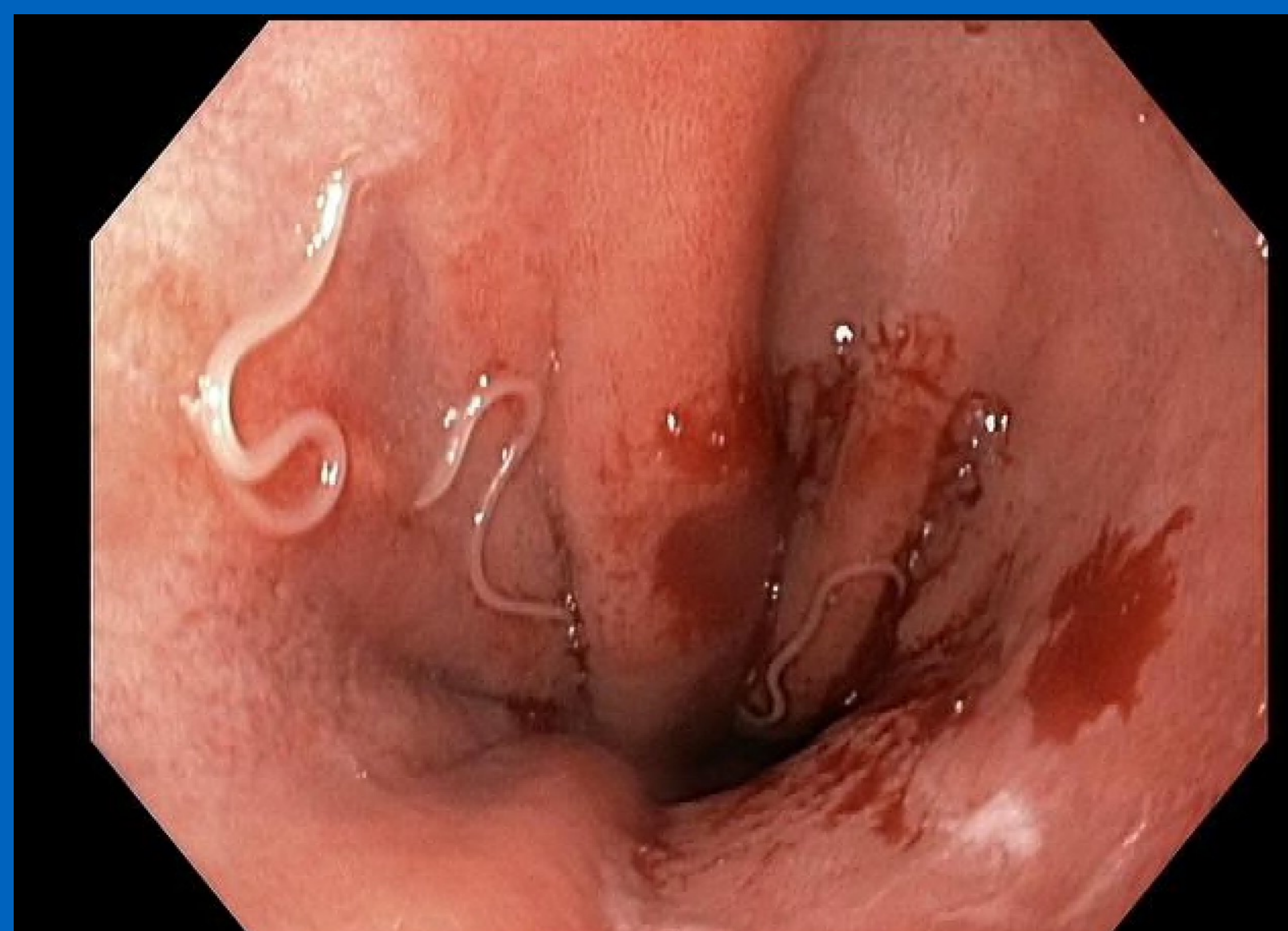
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Introduction

- Anisakiasis is a rare parasitic disease caused by the accidental ingestion of *Anisakis* larvae from raw or undercooked seafood.
- Symptoms of gastric anisakiasis are non-specific and can overlap with gastroesophageal reflux disease (GERD).
- We report a patient who presented with GERD-like symptoms and was found by esophagogastroduodenoscopy (EGD) to have gastric Anisakiasis.

Case Description

- A 34-year-old man with past medical history of chronic GERD presented with burning throat pain, nausea, and a dry cough concerning for recurrence of his GERD symptoms.
- He reported taking pantoprazole 40 mg twice daily without improvement in his symptoms.
- He had an EGD four months prior with findings concerning for Barrett's esophagus and requested a repeat EGD with biopsy to reevaluate.



EGD showing white, filiform worms invading into the mucosa of the greater curve of the body and cardia at the gastroesophageal junction

Case Description

- EGD showed patches of erythema in the stomach associated with white, filiform worms invading into mucosa of the greater curve of the body and cardia at the gastroesophageal junction.
- Cold forceps biopsies were obtained for pathology and microbiology-parasitic identification. The worms were extracted endoscopically using biopsy forceps.
- At his one month follow up, the patient reported symptom resolution.
- Biopsies of the stomach revealed chronic, active erosive gastritis, and the filiform worms were morphologically consistent with *Anisakis* nematode.
- A follow up EGD was performed 2 months later and confirmed clearance of infection.

Discussion

- Anisakiasis was first reported in 1876 by Leuckhart.
- In the 1960s, it became widely recognized in the Netherlands due to popular consumption of lightly salted herring.
- Today it is most commonly reported in Japan where raw fish is routinely consumed.
- Symptoms usually develop within 12 hours of consumption and can include nausea, vomiting, abdominal pain, blood in stool, and fever.
- This occurs as a result of hypersensitivity to the larva or its secretions and mucosal injury from larval penetration.
- Diagnosis is achieved by direct visualization of larvae by EGD.
- Endoscopic removal of larvae typically results in prompt resolution of symptoms.
- Mild cases are treated supportively with analgesia until the larvae are destroyed or excreted.
- There are also reports of anisakiasis treated with albendazole however data is limited.
- Clinicians should consider anisakiasis in the differential diagnosis of patients presenting with gastrointestinal symptoms and a recent history of raw or undercooked fish consumption.