

Question 10 – Week of October 8

A 22 year old woman with no significant past medical history presents to the emergency room with severe abdominal pain, nausea and vomiting. The patient denies any NSAID or aspirin use. She reports eating Sushi about once a week, most recently 24 hours ago. Bloodwork is remarkable for a peripheral eosinophilia. An abdominal X-ray is normal. Upper endoscopy is remarkable for multiple yellow sub-mucosal masses with erosions throughout the stomach. Pathologic analysis shows an eosinophilic granulomatous inflammatory process with intra-mural abscesses. What is the most likely diagnosis?

- A. Ascariasis
- B. Strongyloidosis
- C. Anisakiasis
- D. Diphyllbothrium

Answer: C

Anisakiasis is most frequently associated with the sudden onset of severe epigastric pain in a patient who eats raw or undercooked fish. It may also present more chronically with dyspepsia and weight loss. In undercooked fish, the Anisakis nematode will migrate into the wall of the stomach, small bowel or colon. The stomach is the most frequent location. The presentation can be broad but is most commonly associated with severe epigastric pain, nausea and vomiting. The endoscopic findings of multiple yellow sub-mucosal masses with erosions and pathologic findings of eosinophilic granulomatous inflammatory process with intra-mural abscesses are classic for Anisakiasis.

Ascararis is a round worm that is frequently found in the biliary tree and small bowel. It is the most common parasite worldwide. Patients infected are usually asymptomatic but can have small bowel obstructions and obstruction of the biliary tree. Although rarely seen in the stomach this infection of the stomach would present with a partial gastric outlet obstruction.

Strongyloides is usually associated with infected soil that is ingested. It is associated with nausea, vomiting and vague abdominal pain. Sometimes a right sided colitis might be seen on imaging. Gastric strongyloidosis usually presents as a bleeding peptic ulcer. In the hyperinfective syndrome patients may have polymicrobial bacteremia, pneumonitis and brain involvement.

Diphyllbothrium is a tapeworm that is transmitted in raw fish as well. It is associated with vague abdominal discomfort, muscular weakness, tachycardia, paresthesias and irritability.

References:

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