Anisakiasis and vanishing tumor of the cecum

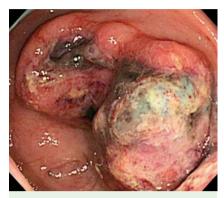


Fig. 1 Colonoscopy showing a lesion in the cecum, similar to a Borrmann type 2 lesion.

There have been few reports to date of vanishing gastric tumors caused by anisakiasis [1]. The large intestine is rarely affected because the ingested larvae usually do not travel that far down the gastrointestinal tract. Colonic anisakiasis occasionally resembles a colonic tumor, because it leads to edema, acute phlegmonous inflammation, or the formation of granulomas around the larvae in the submucosa of the intestinal wall [2].

A 77-year-old man attended our hospital for a positive fecal occult blood test. He was asymptomatic. He had a history of appendectomy for acute appendicitis at the age of 19 and ate raw fish almost every day. His white blood cell count was normal with no eosinophilia. At colonoscopy, a clearly demarcated, depressed lesion with raised margins (similar to a Borrmann type 2 lesion) was identified in the cecum (Fig. 1).

The histopathological examination of the biopsy specimens revealed eosinophilic infiltration of the lamina propria mucosae and the submucosa, and necrosis of the epithelium (**• Fig. 2**).

Malignant cells were not seen. Computed tomography showed wall thickening in the cecum (**> Fig. 3**).

On repeat colonoscopy after 16 days, the tumour resembling a Borrmann type 2 lesion had disappeared and a reddish scar with small erosion was seen in the cecum (**Fig. 4**).

Serum titers of both IgG and IgA antibodies to *Anisakis* larvae on the day of the second colonoscopy were slightly elevated at 1.61 (cut-off index, normal < 1.50). At another colonoscopy a year later, the

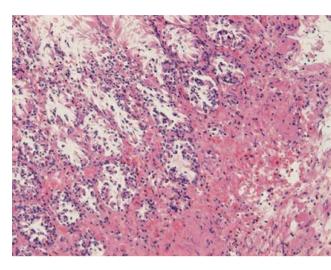


Fig. 2 Histopathological section of the biopsy specimen showing eosinophilic infiltration in the lamina propria mucosae and necrosis of the epithelium.



Fig. 3 Computed tomography scan showing cecal wall thickening and the "dirty fat" sign around the lesion.

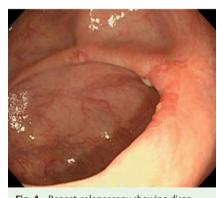


Fig. 4 Repeat colonoscopy showing disappearance of the tumor and a reddish scar with a small erosion in the cecum.



Fig. 5 Colonoscopy after a year showing a whitish scar but no evidence of tumor.

tumor had completely disappeared and a whitish scar was seen in the cecum (**• Fig. 5**).

The vanishing tumor may be considered to be anisakiasis of the cecum.

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References

- 1 *Takeuchi K, Hanai H, Iida T et al.* A bleeding gastric ulcer on a vanishing tumor caused by anisakiasis. Gastrointest Endosc 2000; 52: 549 551
- 2 *Verhamme MA, Ramboer CH.* Anisakasis caused by herring in vinegar: a little known medical problem. Gut 1988; 29: 843–847

Bibliography

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