

## Gastric anisakiasis mimicking gastric antral carcinoma

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**Background:** Anisakiasis is a parasitic disease caused by penetration of the gastric mucosa of anisakis larvae consumed by fish. Acute gastric anisakiasis is diagnosed by endoscopic visualization of anisakis larvae with mucosal edema, erythema, bleeding and ulcers. Reported herein is a case of gastric anisakiasis mimicking gastric antral carcinoma in abdominal CT findings.

**Case:** A 59-year-old man was visited to emergency room due to epigastric pain with nausea and vomiting. He had a history of being diagnosed with 5cm acoustic neuroma 14 years ago and having surgery. He was diagnosed with hypertension 3 years ago. Initial vital signs were : BP was 110/70 mmHg, HR 88 beats/min, RR 20 breaths/min, and BT 36.3°C. Laboratory findings revealed WBC 8,480/mm<sup>3</sup>, Hb 11.6 g/dL, PLT 262,000/mm<sup>3</sup>, PT 11.4 sec, PT (INR) 1.04, AST 15 IU/L, ALT 19 IU/L, total bilirubin 0.46 mg/dL, r-GTP 714 U/L, albumin 3.3 g/dL, BUN 14 mg/dL, creatinine 1.06 mg/dL. Serum amylase 88 U/L, lipase 87 U/L. HBsAg(-), anti-HCV(-). AFP 2.4 ng/ml, CA 19-9 5.47 U/mL. Abdomen CT showed ill-defined low attenuation wall thickening in stomach lower body and antrum. Perigastric infiltration cannot be excluded from gastric cancer. Gastroscopic findings revealed at distal antrum (LC, PW) two moving whitish material was observed and it was removed by forceps. Looking at the social history in detail, he had eaten raw herring fish the day before the emergency room visit.

**Conclusions:** Gastric anisakiasis may mimic stomach tumors in the Abdominal CT. It can be differentiated by careful history taking and endoscopic examination. Keywords: Gastric ; Anisakiasis ; Epigastric pain ; Gastric edema

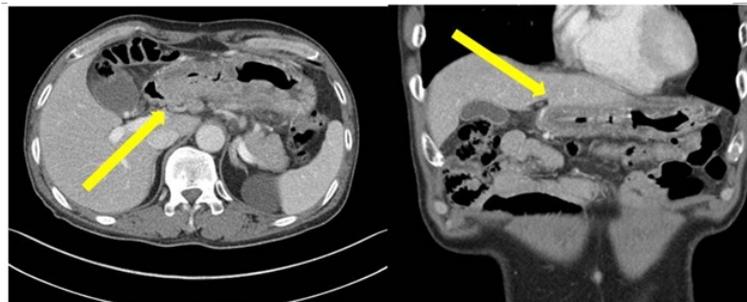


Fig 1. Abdomen CT shows ill-defined low attenuation wall thickening in stomach lower body and antrum.



Fig 2. Gastroscopic findings reveals two moving whitish material is noted and it is removed by forceps.