

Images in medicine

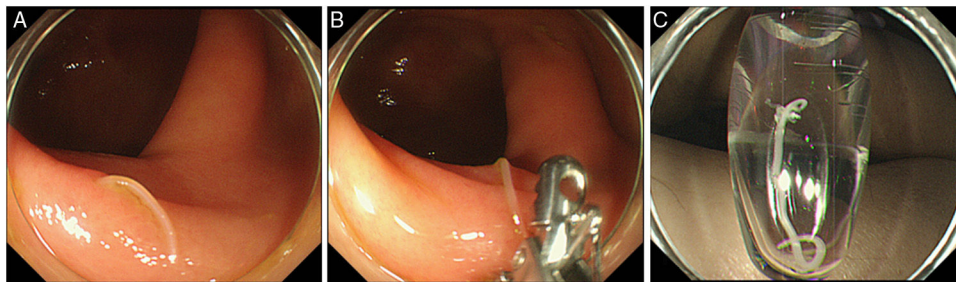
## Asymptomatic anisakiasis invading ascending colon after eating mackerel-sushi



Anisakiasis asintomática que invade el colon ascendente después de comer caballa-sushi

Koichi Soga

Omiachiman Community Medical Center, Department of Gastroenterology, 1379 Tsuchida-cho, Omiachiman, Shiga 523-0082, Japan



**Fig. 1.** Colonoscopy revealed a mobile whitish object among the folds, with extremely strong adherence to the mucosa of the ascending colon (A). The nematode was extracted using forceps (B) and identified as a 20-mm long *Anisakis* spp. (C).

### Clinical presentation

A 69-year-old, Japanese man underwent a scheduled screening colonoscopy, following a positive stool occult blood test. Colonoscopy revealed a mobile foreign object, which appeared whitish in white light (Fig. 1A). The object was showed extremely strong adherence to the mucosa of the ascending colon. The 20-mm long nematode was extracted using forceps (Fig. 1B) and identified as *Anisakis* spp. (Fig. 1C). Although the patient had consumed mackerel-sushi 3 days ago, there were no symptoms. Upper endoscopy screening performed on the same day did not show any anisakiasis-related changes or *Anisakis* itself.

*Anisakis* is globally prevalent and frequently infects consumers of raw or barely cooked fish. Although gastric anisakiasis is common in Japan, colonic anisakiasis is rarely reported. Furthermore, asymptomatic colonic anisakiasis is very rare. To our knowledge, there exist only 6 cases (including our case) in the English literature globally. *Anisakis* was found in the ascending colon in 3 cases and in the descending colon, sigmoid, and rectum in 1 case each. Three cases were caused by mackerel and one each by bonito, anchovy, and an unknown source. As no anthelmintic agents are available for this nematode, endoscopic removal of the *Anisakis* is required in acute cases.

### Patient consent for publication

Obtained.

### Provenance and peer review

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### Conflict of interests

None declared.