Serologic test for the diagnosis of subclinical gastric anisakiasis

To the Editor:

We read with interest the article by Shiomi et al1 on a case of gastric anisakiasis in which the patient had an irregularly shaped ulcer that resembled early gastric cancer. They made the definitive diagnosis because of the detection of an Anisakis larva fragment in a biopsy specimen from the ulcer. However, only one of the 5 specimens incidentally contained a cross section of the larva in the muscle layer; a biopsy specimen of the muscle layer usually is difficult to obtain. Infiltration of eosinophils around the organism was absent, because the inflammation associated with the larva had subsided with time and had disappeared. Therefore, Anisakis larvae have rarely been confirmed in such condition.2,3 Although they recommended that anisakiasis should be considered in a case of a gastric ulcerative lesion, suggesting gastric cancer without histopathologic findings of malignancy, they did not describe any further workup for the diagnosis.

A serologic test for the diagnosis of anisakiasis (sensitivity 70.4%, specificity 87.1%)4 has become commercially available.4–8 Enzyme-linked immunosorbent assay kits (Tomakomai Clinical Laboratory Center, Hokkaido, Japan) are used for the test of anti-Anisakis antibody (immunoglobulin [Ig] G and IgA).4 There were several reports of serologic detection of increased anti-Anisakis antibody in patients with gastric vanishing tumors.2,3 Although gastric vanishing tumors are easily diagnosed by endoscopy, Anisakis larvae have rarely been observed. In such cases, a diagnosis of gastric anisakiasis was established on the basis of serologic findings.2 We, therefore, believe that the serologic test for Anisakis larvae should be considered in cases of gastric ulcerative lesions that resemble gastric cancers and is the key to the diagnosis of subclinical gastric anisakiasis.

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Response:

We appreciate the comments of Drs Matsushita and Okazaki about our brief report of gastric anisakiasis.1 We also recognize the usefulness of the serologic test for the diagnosis of subclinical anisakiasis.2 In this brief report, we did not examine the serologic test because we diagnosed the gastric anisakiasis that resembled early gastric cancer by direct observation of Anisakis larvae. We also agree with their comment that the serologic test is important for the diagnosis of the histologically benign ulcerative lesion resembling gastric cancer. Therefore, as we described in our report, we think it is possible to conclude that the gastric anisakiasis should be considered when such an ulcerative region resembles gastric cancer without the histopathologic findings of malignancy.

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