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 phelegmonous 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 Borrman 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 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.
References

Bibliography
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