Endoscopic Finding of a Large Vanishing Tumor

A 59-year-old Japanese man was referred to our hospital in March 1998 due to an acute onset of upper abdominal pain, which had occurred a few hours after ingesting raw mackerel. The physical examination showed epigastric tenderness. Upper endoscopy identified a reddish tumor, 65 mm in its largest diameter, in the gastric fundus (Figure 1). The tumor had a smooth surface, with irregular and shallow ulcers covered by blood coagula. The patient’s abdominal pain subsided immediately, without any treatment. An upper endoscopic examination carried out two weeks later revealed that the tumor had regressed (Figure 2). At this time, the patient’s serum IgG1-A antibody titer to Anisakis larvae increased to 2.09 (normal: < 1.50). On the basis of these findings, a diagnosis of gastric anisakiasis was established. The patient has been free of any gastrointestinal symptoms during a subsequent follow-up period of 26 months.

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