

Title:
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INTESTINAL OBSTRUCTION CAUSED BY ANISAKIS

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Dear Editor,

A 77-year-old man presented to the emergency department due to a clinical and radiological pattern of intestinal obstruction. An abdominal CT scan revealed a dilatation of the jejunum loops with a change in bowel caliber in the proximal ileum and segmental edema of the intestinal wall (Fig. 1A). An urgent laparotomy was performed which revealed adhesions between intestinal loops and an intraluminal mass in the proximal ileum with a change in bowel calibre. The affected segment of proximal ileum measuring 20 cm was resected and a small-bowel manual termino-terminal anastomosis was performed. The patient was discharged seven days following surgery.

A histopathological examination showed a parasite with morphology diagnostic of *Anisakis* impacted in the submucosa, marked transmural inflammatory reaction and abundant eosinophils surrounding the microorganism (Fig. 1B). Upon further questioning the patient, he mentioned having eaten fresh anchovies 48 hours before the onset of symptoms.

Anisakidosis is a rare disease in Spain. It mainly involves the stomach and less frequently the small intestine, as in our case. A detailed food history will often be the key to the diagnosis as symptoms usually arise shortly after ingestion of food contaminated with the parasite (1). Intestinal anisakidosis can produce acute complications, including small bowel obstruction and intestinal perforation which require resection of the affected segment, which definitively resolves the condition (2). Generally, however, conservative management is possible given the fact that the

Anisakis larvae survive only for a few days in the human intestinal tract (3). The best treatment for anisakidosis is its prevention: the Food and Drug Administration recommends freezing fish intended for raw consumption at -20°C for 7 days or -35°C during the 15 hours prior to consumption (4).

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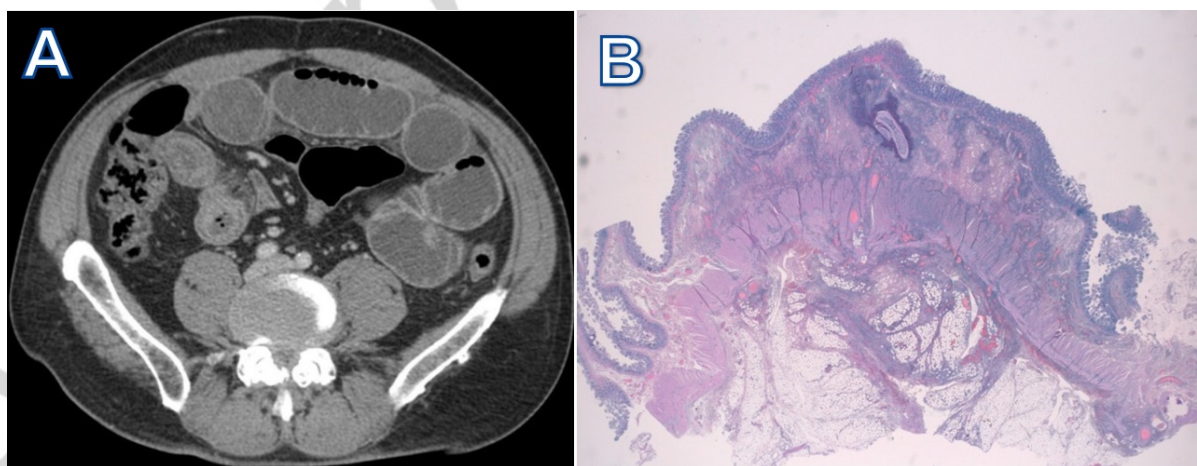


Figure 1A: Computed tomography scan. Figure 1B: Pathology of resected small intestinal wall showing *Anisakis* larvae impacted in the submucosa and marked transmural inflammatory reaction.