LETTER TO THE EDITOR

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Is There a Link between Clinical Manifestation of Gastric Anisakiasis and *Helicobacter pylori* Infection?

Gastric anisakiasis is a parasitic disease caused by the consumption of seafood infested with third-stage larvae of the nematode *Anisakis simplex* or related species. Patients typically present with acute and severe abdominal pain, nausea, and vomiting. Endoscopic removal is the standard therapy. With the increase in incidence of gastric anisakiasis in the West, this disease has become widely recognized worldwide.^{1,2}

Clinical records of gastric anisakiasis cases diagnosed between April 2003 and May 2017 at St. Luke's International Hospital (Tokyo, Japan), a tertiary referral center, were retrospectively reviewed. A total of 134 patients (54% men; mean age, 41.8 years) were diagnosed with symptomatic gastric anisakiasis, with subsequent endoscopic removal of the larvae during this period. We reviewed the presence of atrophic gastric mucosa using the modified Kimura-Takemoto classification.³ Interestingly, 83.6% (112/134) of the patients had no atrophy, 10.4% (14/134) had limited atrophy (antral and antral-predominant atrophy: C-1, C-2), and only 5.9% had extensive atrophy (corpus-predominant and pan-atrophy: C-3, O-1, O-2, O-3). The prevalence of a non-atrophic stomach seemed high, considering the overall prevalence of Helicobacter pylori infection in Japan is approximately 40%; we therefore assumed that a significant number of patients had asymptomatic parasitic infection.

Although factors associated with the development of symptomatic gastric anisakiasis remain unknown, the correlation between clinical symptoms and gastric atrophy may be significant. A previous study analyzing 45 *Anisakis* specimens from 35 patients revealed that larvae penetrated normal mucosa more frequently than atrophic mucosa, and that patients had a significantly higher risk of developing clinical

symptoms with infection in normal mucosa.⁵ We speculate that the clinical manifestations of gastric anisakiasis may be inversely related to *H. pylori* infection, given that atrophic gastritis is mostly due to *H. pylori* infection. Despite the possibility of selection bias in this report, further investigation is warranted to help clarify the mechanisms involved in the immune response to *Anisakis* larvae. With a decrease in prevalence of *H. pylori* infection among the younger population in East Asia, gastric anisakiasis may become more common.

Conflicts of Interest

The authors have no financial conflicts of interest.

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