

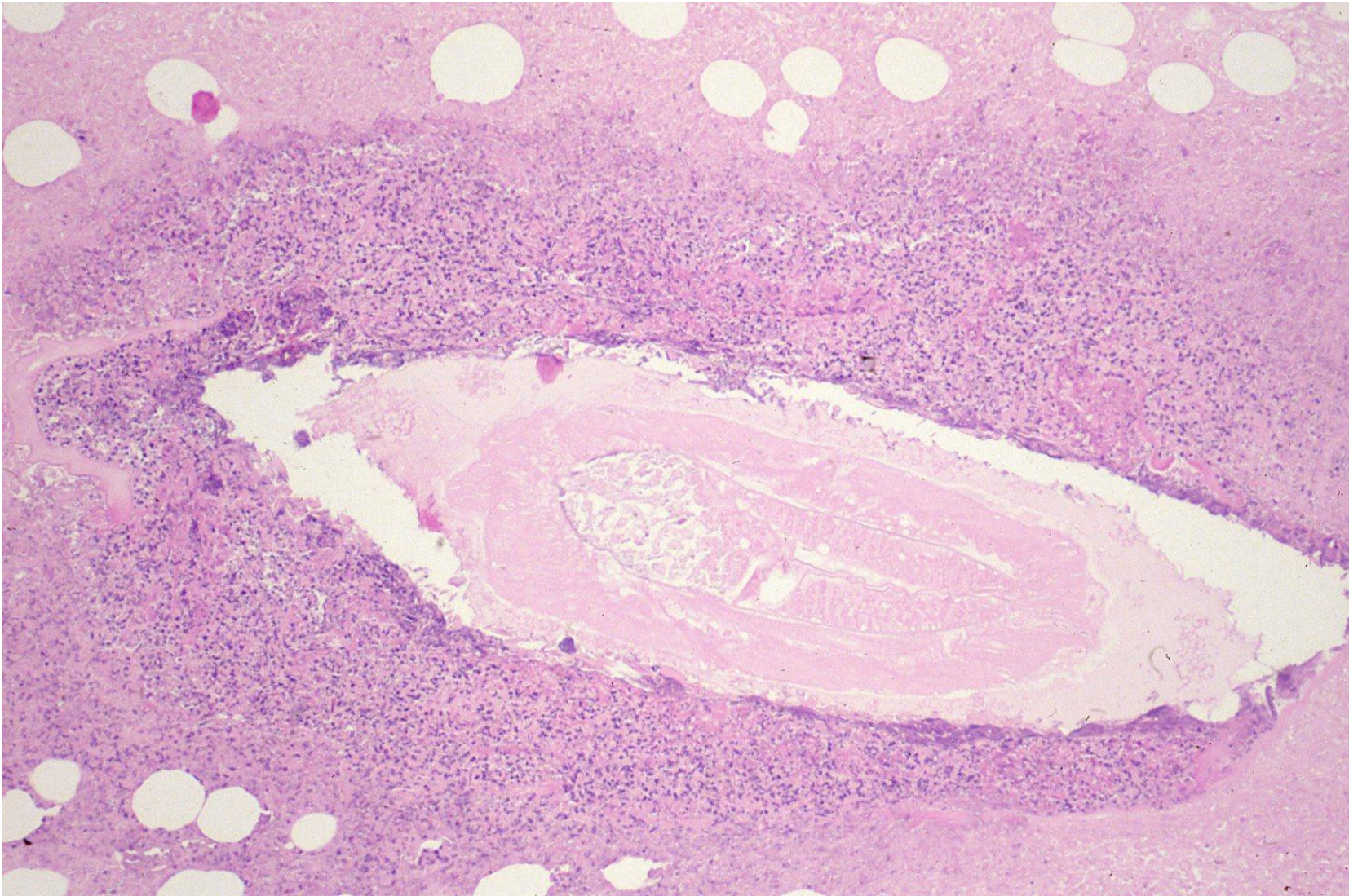
Extragastrintestinal anisakiasis

Anisakiasis, highly prevalent in Japan, is seen predominantly in the stomach, and less frequently in the intestine. Extragastrintestinal anisakiasis may infrequently be encountered in the abdominal cavity: The locations of Anisakis larvae include the abdominal cavity, omentum, mesentery, liver, subcutaneous tissues and pleural cavity. The identification of the Anisakis larva in the involved tissues should be the key point for the histopathological diagnosis.

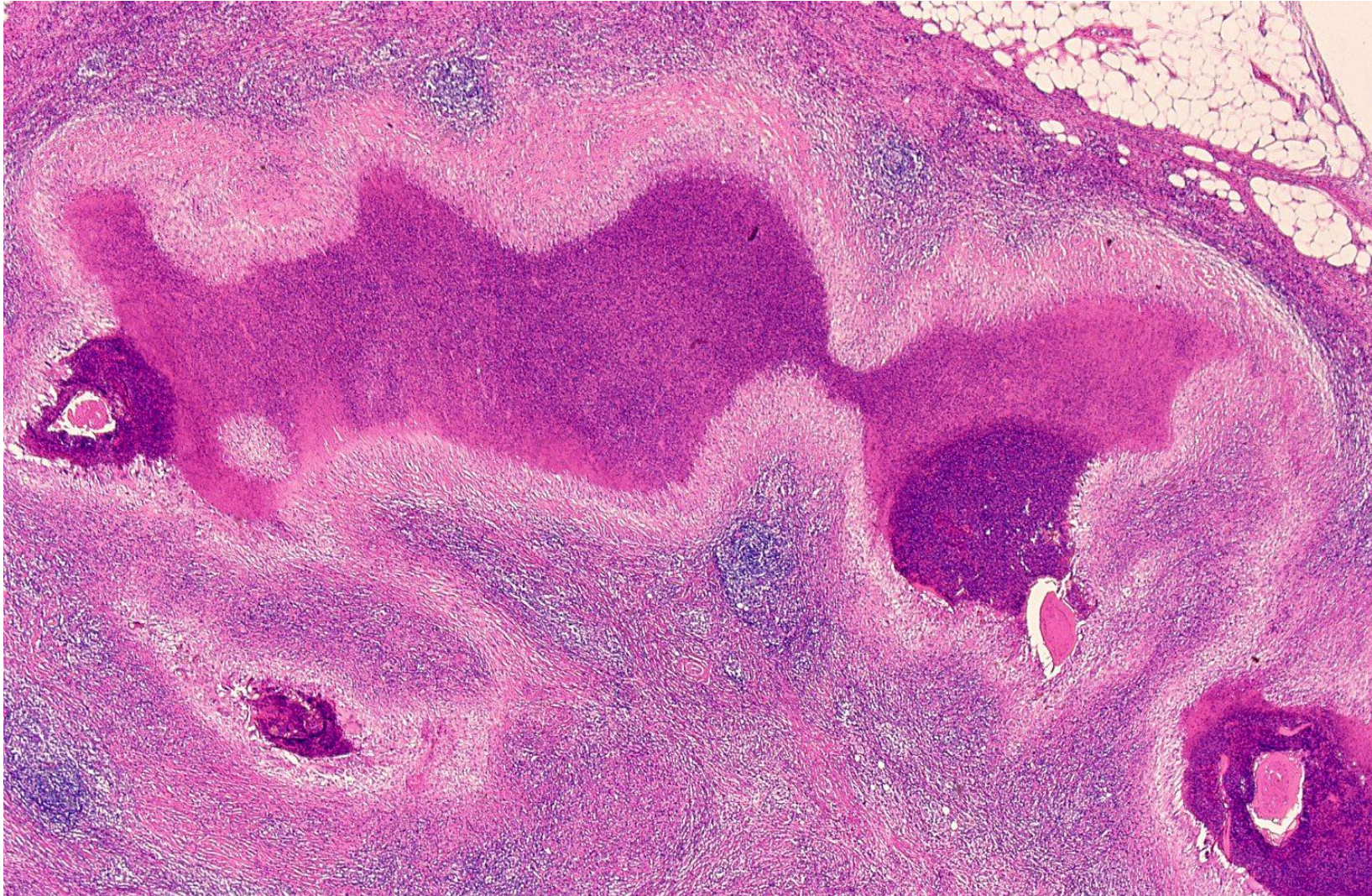
Ref.: Yoshimura H. Clinical patho-parasitology of extra-gastrointestinal anisakiasis. In: Ishikura H, Kikuchi K (eds) Intestinal Anisakiasis in Japan. 1990, Springer, Tokyo. doi: 10.1007/978-4-431-68299-8_17



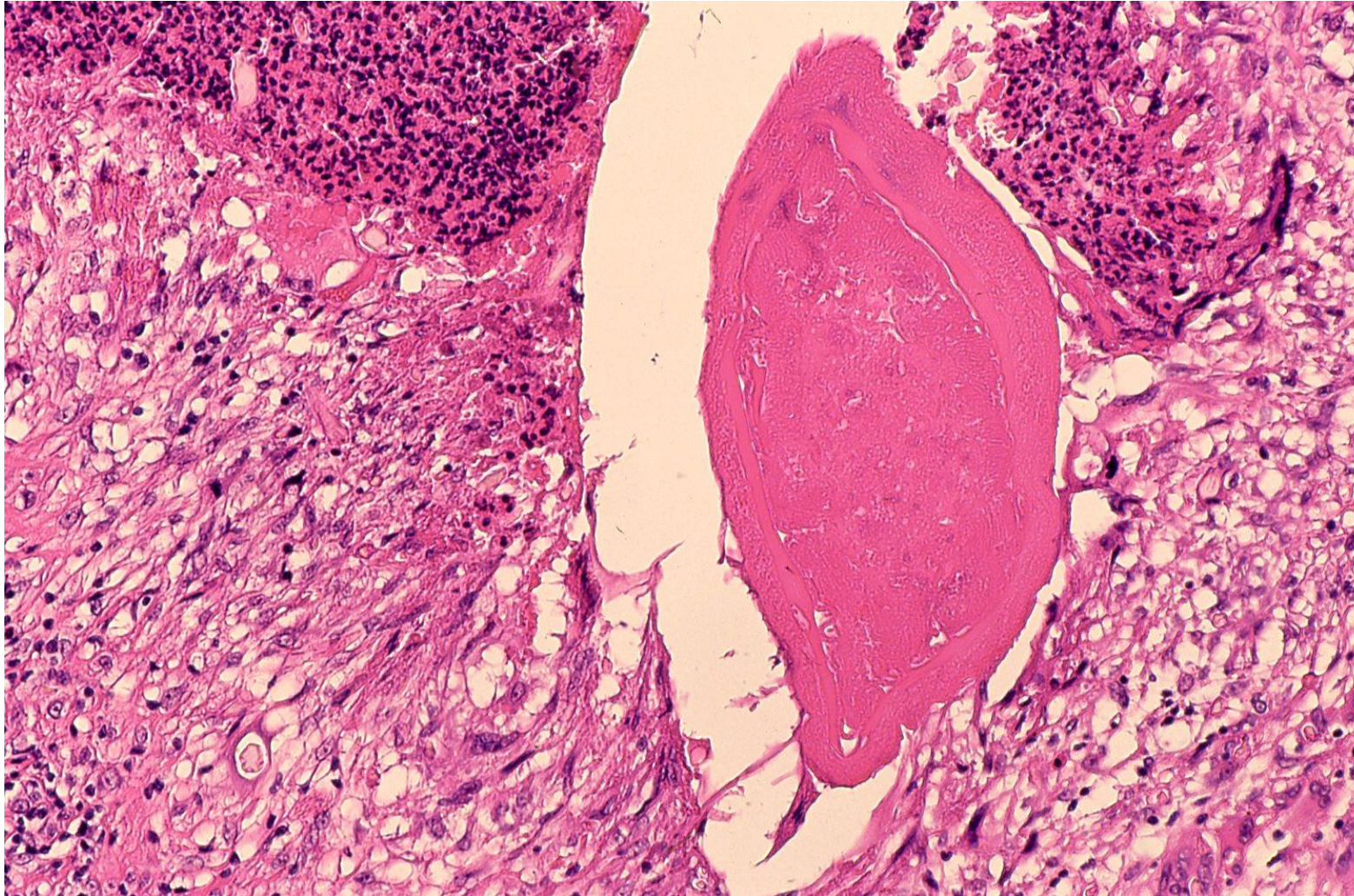
Lymph nodal anisakiasis. The abdominal lymph node is replaced by parasite-induced eosinophilic granulomas. H&E (1-1)



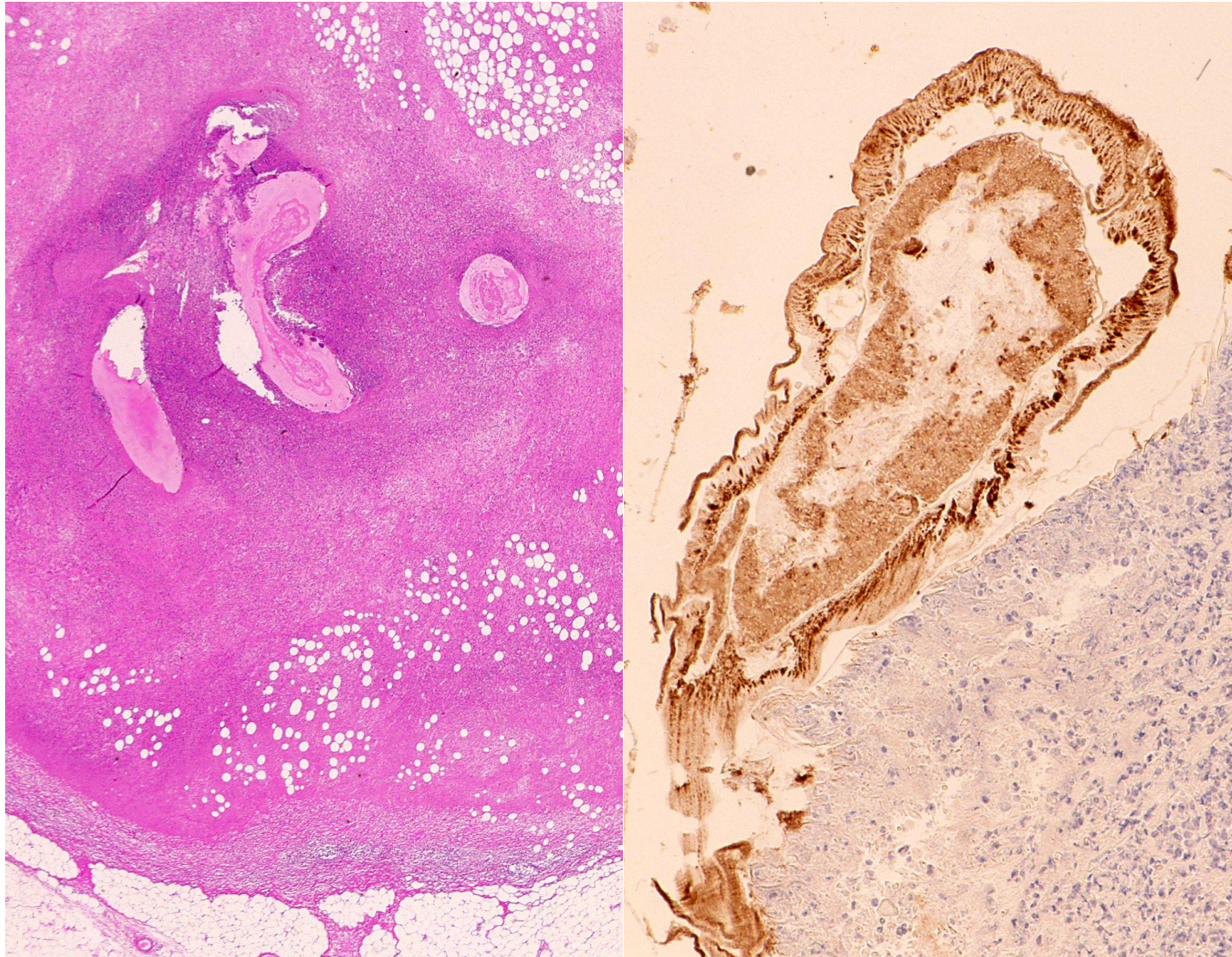
Lymph nodal anisakiasis. A dead *Anisakis* larva is surrounded by eosinophilic granuloma. H&E (1-2)



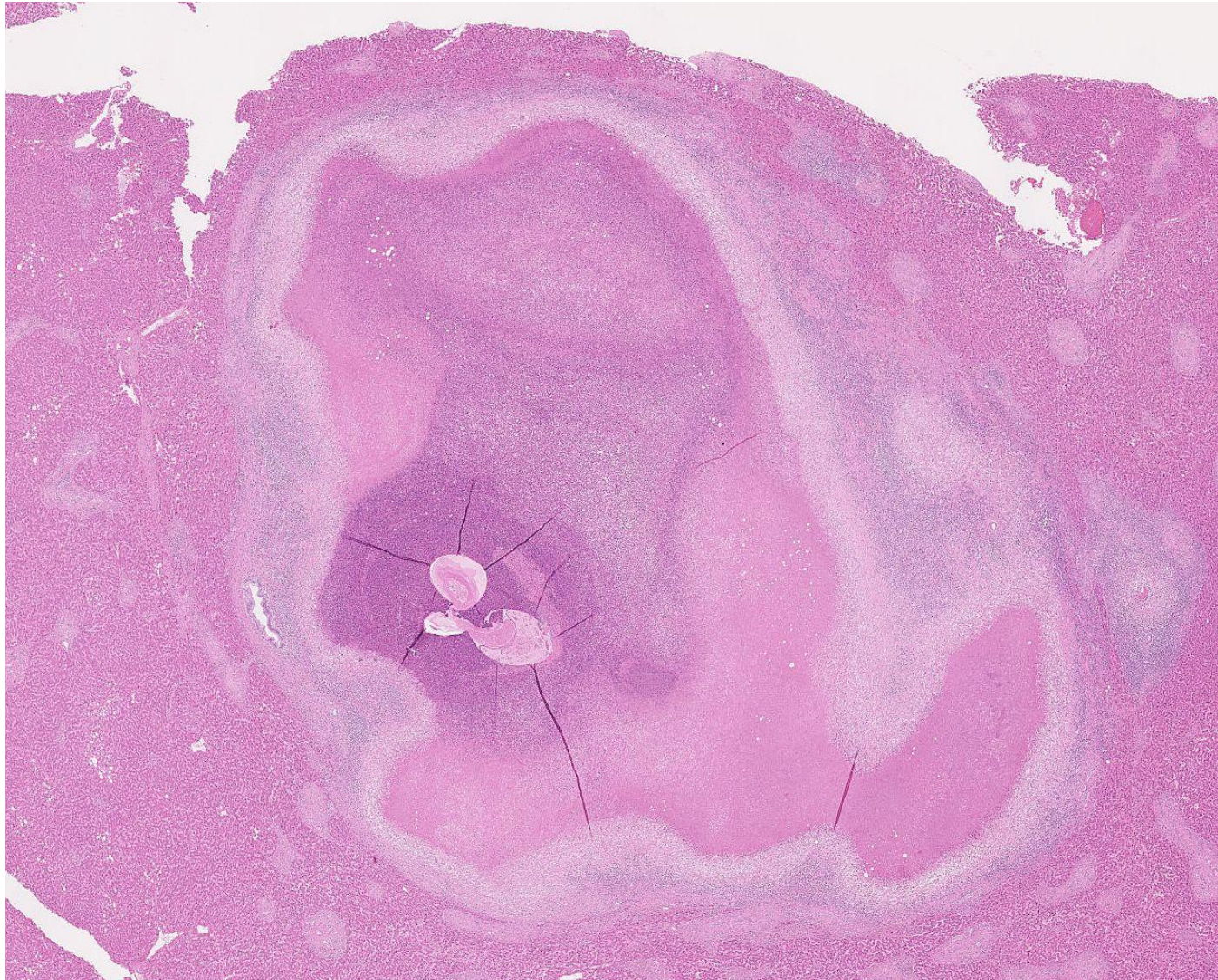
Omental anisakiasis. The omentum is infiltrated by the *Anisakis* larva. Dead parasite has provoked granulomatous reactions. H&E (2-1)



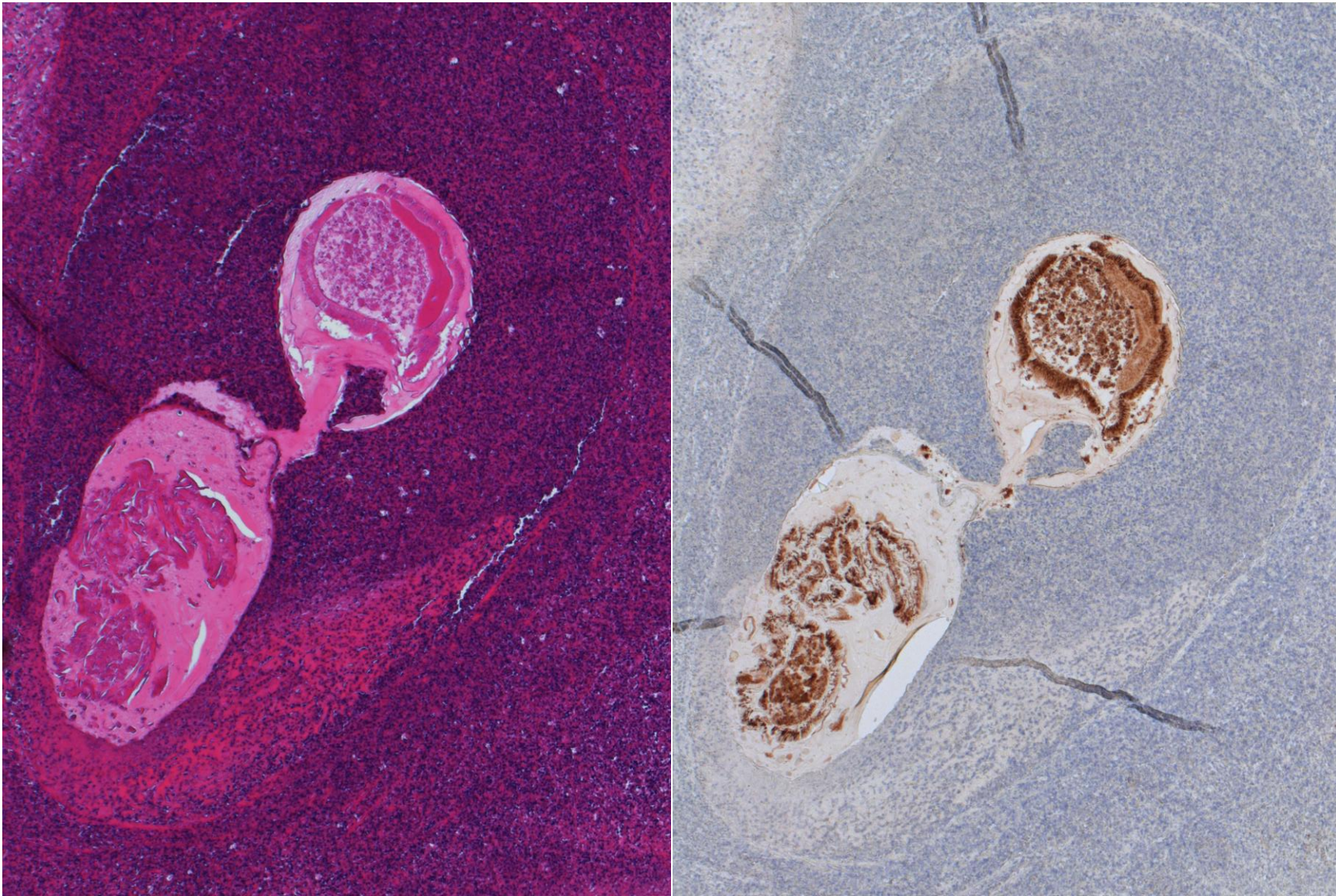
Omental anisakiasis. The omentum is infiltrated by the *Anisakis* larva. Dead parasite has provoked granulomatous reactions. H&E (2-2)



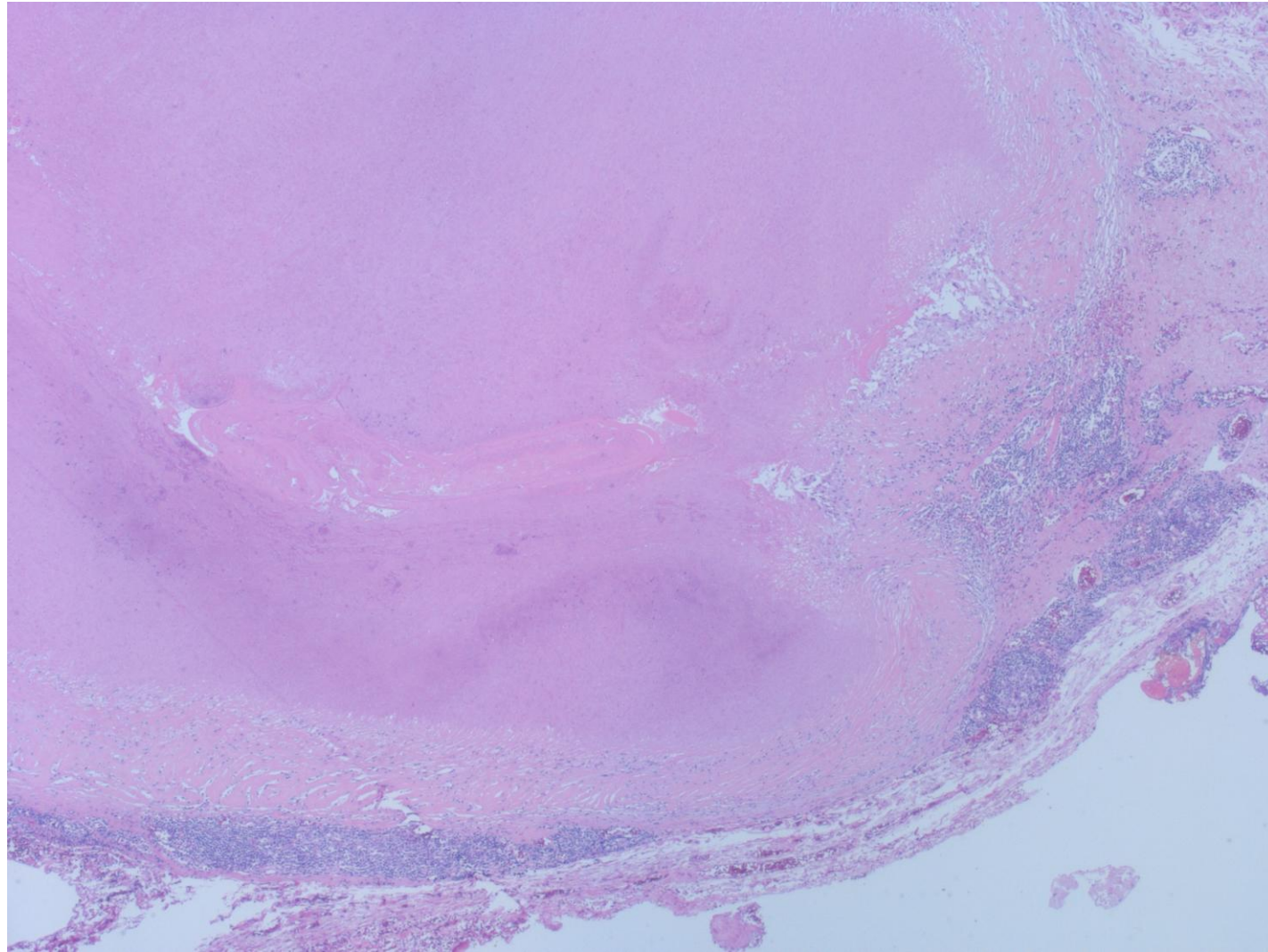
Peritoneal anisakiasis. The peritoneum is infiltrated by the Anisakis larva. Dead parasite has provoked granulomatous reactions. Left H&E (3), right: immunostaining for Anisakis simplex antigen



Liver anisakiasis. The liver shows *Anisakis* larva-induced necrotic nodule. Dead parasite has provoked necrotizing granulomatous reactions. H&E (4-1) Ref.: Nishiwaki T, et al. A mysterious hepatic mass. *Gastroenterology* 2024; 166(1): e6-e9. doi: 10.1053/j.gastro.2023.06.011



Liver anisakiasis. The liver shows Anisakis larva-induced necrotic nodule. Dead parasite has provoked necrotizing granulomatous reactions. Left: H&E (4-2), right: immunostaining for Anisakis simplex antigen



Uterine anisakiasis. The subserosa of the uterus shows Anisakis larva-induced necrotic nodule. Dead parasite has provoked necrotizing granulomatous reactions. Gene sequence indicated infection of *Pseudoterranova decipiens*. H&E (5-1) Ref.: Horii C, et al. Pseudoterranova infestation beneath uterine serosa. J Clin Rev Case Rep 2021; 6(4): 612-614.



Uterine anisakiasis. The subserosa of the uterus shows Anisakis larva-induced necrotic nodule. Dead parasite express Anisakis antigen. Immunostaining for Anisakis simplex antigen (cross-reactive with *Pseudoterranova decipiens*)