



Figure 1. White threadlike foreign body on the left side of the tongue.



Figure 2. The foreign body was confirmed to be an *Anisakis* larva.



Figure 3. *Anisakis* larva after removal.

[Ann Emerg Med. 2018;72:e121-e122.]

A 38-year-old woman presented to the emergency department with a foreign body on her tongue. After intake of sushi including raw squid for lunch, she had discomfort, with a sensation of something sticking to her tongue. Ten hours after lunch, she coughed up a small piece of squid and noticed some white threadlike material stuck to her tongue (Figures 1 and 2). Although she tried to remove it, she could not.

*For the diagnosis and teaching points, see page e122.
To view the entire collection of Images in Emergency Medicine, visit www.annemergmed.com*

IMAGES IN EMERGENCY MEDICINE

*(continued from p. e121)***DIAGNOSIS:**

Anisakiasis of the tongue. We confirmed that the foreign body on the left side of her tongue was an *Anisakis* larva. The worm was easily removed with forceps (Figure 3); however, slight erythema and swelling were observed at the site from where the worm was removed. The patient did not report any further gastrointestinal symptoms.

Anisakiasis as a result of raw or undercooked seafood ingestion is common in Japan. It usually leads to abdominal pain and is diagnosed by confirming the worm's presence endoscopically, or because of submucosal edema of the intestine on computed tomography and the presence of *Anisakis* antibody in blood examination. Patients are treated by removal of the larvae endoscopically, and fluid therapy and pain control if necessary.¹ Most *Anisakis* larvae commonly invade the stomach, and invasion of other parts of the digestive tract, especially the oral mucosa, is rare.^{2,3}

Author affiliations: From the Department of Emergency and Critical Care Medicine, Niigata City General Hospital, Niigata City, Japan.

REFERENCES

1. Takabayashi T, Mochizuki T, Otani N, et al. Anisakiasis presenting to the ED: clinical manifestations, time course, hematologic tests, computed tomographic findings, and treatment. *Am J Emerg Med.* 2014;32:1485-1489.
2. Choi SK, Kim CK, Kim SH, et al. Anisakiasis involving the oral mucosa. *Arch Craniofac Surg.* 2017;18:261-263.
3. Tsukui M, Morimoto N, Kurata H, et al. Asymptomatic anisakiasis of the colon incidentally diagnosed and treated during colonoscopy by retroflexion in the ascending colon. *J Rural Med.* 2016;11:73-75.