

PS1.181

Anisakis: think about it in a recurrent urticaria!

Madalina Beatrice Morna Bejenaru

Catalan Institute of Health, Barcelona, Spain

Corresponding author: Dr Madalina Beatrice Morna Bejenaru, Catalan Institute of Health, Cap Viladecans 1, Barcelona, Spain. E-mail: beatrice_morna@hotmail.com

We present the case of a 68 years old patient with history of chronic obstructive pulmonary disease which presents urticarial rash and angioedema 3 days after changing the inhaler from a dry powder one to a soft mist inhalation spray. Tiotropium is retired but the allergy persists and precise antihistaminic and cortisone treatment during 6 months. Blood analyses reveal raised Immunoglobulin IgE with normal eosinophils and blood count. Allergy tests: negatives for drugs and aliments. Despite the uninterrupted antihistaminic treatment the patient keeps presenting urticaria outbreaks without apparent cause. Careful interview reveals: the patient is an usual fish consumer and presents mild abdominal pain and intermittent diarrhea. Suspected diagnosis: Anisakiasis, confirmed by positive IgE against *Anisakis simplex* and positive specific prick test. Upper endoscopy reveals esophagitis and antritis.

Discussion: Anisakiasis is a parasitosis caused by the nematode *Anisakis simplex*. Man is an accidental host acquiring the larvae by eating raw or undercooked fish. Clinically, cause gastrointestinal reactions (abdominal pain, vomiting, nausea within hours of the ingestion of contaminated food, inclusive mimicking acute abdominal syndrome) or allergy symptoms (urticaria, erythema, angioedema, anaphylaxis). Upper endoscopy within 12 h of the ingestion of larvae is essential to allow the localization and removal of *A. simplex* with a complete resolution. The chronic form is due to the localization of *Anisakis* in the intestinal wall. Typically, symptoms persist for months, with mild cramping abdominal pain, diarrhea or urticaria and it can be difficult to diagnose. There is no effective pharmacological treatment able to kill the larvae once eaten, the only protection against *A. simplex* is the correct storage and processing of raw fish: freezing at temperatures lower than -20 °C for at least 24 h.

Conclusion: Anisakiasis is a diagnosis to consider in case of recurrent urticaria especially in seafood consumers.