

CASE LETTERS

Intractable chronic pruritus as the only manifestation of IgE hypersensitivity to *Anisakis*

To the Editor: *Anisakis simplex* is a nematode that parasitizes marine mammals. When human beings eat raw or rare fish and cephalopods infested by third-stage *Anisakis* larvae, anisakidosis may develop presenting either with gastrointestinal symptoms (gastric anisakidosis) and/or with classic IgE-mediated hypersensitivity reactions (acute urticaria/angioedema/anaphylaxis). We report a case of intractable pruritus with very high total and *Anisakis*-specific IgE as the only symptom of *Anisakis* infection.

A 65-year old nonatopic woman presented with severe, intractable pruritus of 2 months' duration that had started abruptly a few days after a sushi meal. Neither intestinal nor systemic symptoms were associated. She reported being keen on eating marinated anchovies and rare/raw fish in general. Topical steroids and high-dose oral antihistamines were ineffective. Skin examination revealed diffuse excoriated lesions caused by scratching. Prick testing for common pollen and food allergens revealed negative findings. Her full blood cell count was normal but total IgE was 2840 KU/L (normal range 0-120 KU/L) and specific IgE against *Anisakis simplex*, assessed by the ImmunoCAP technique (Phadia, Uppsala, Sweden), was 91.10 KU/L, corresponding to ImmunoCAP score V (50-100 KU/L, normal value <0.35 KU/L).

Gastroscopy was then performed and revealed *Helicobacter pylori*-positive chronic atrophic gastritis whereas neither eosinophilic granuloma nor *Anisakis* larvae were detected. *H pylori* was eradicated without effect on skin symptoms. Oral albendazole, 400 mg/d for 3 days, was then given and induced rapid improvement of pruritus and reduction of total IgE to 467 KU/L and specific IgE to 11.70 KU/L, corresponding to ImmunoCAP score III (3.51-17.5 KU/L). A second course of albendazole, given after 1 month, resulted in resolution of pruritus and normalization of total and specific IgE values.

Anisakiasis is an important human parasitic infection of the gastrointestinal tract caused by parasitized raw or undercooked seafood.¹ Codfish, anchovy, and squid are among the most important intermediary host species. Usually within a few hours after the ingestion of a living worm, *Anisakis simplex* causes an acute and transient gastric infection that may

manifest with abdominal pain, nausea, vomiting, diarrhea, or a combination of these. Some patients develop simultaneous manifestations of IgE-mediated allergy and this represents a borderline form termed "gastro-allergic anisakis".² On the other hand, some patients present only classic manifestations of IgE-mediated allergy such as urticaria/angioedema and anaphylaxis.³

Our case is peculiar because it shows that intractable pruritus can be the only manifestation of hypersensitivity to *Anisakis*. To our knowledge, only 1 similar case has been reported previously in the literature.⁴

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Escitalopram oxalate (Lexapro)-induced acneiform eruption

To the Editor: A 32-year-old woman developed a pruritic eruption after starting escitalopram oxalate (Lexapro, Forest Pharmaceuticals, Inc, Saint Louis, MO) 2 weeks prior for her depression. The eruption began on her trunk and spread to involve the arms and legs.