medical literature of anisakiasis-related gastric eosinophilic granuloma that was resected by LECS.

Table I shows the clinicopathological features of five reported cases (6-10) and the present case. Taken together, the median age was 43 years (range=28-59 years), with a male-to-female ratio of 2:4. Two patients had no symptoms, and gross appearance showed SMT-like lesions in four patients and SMT-like lesions with ulcers in two patients. The median tumor size was 17.5 mm (range=10-60 mm), and asymptomatic lesions accounted for two of the six cases. Gastric lesion was reported in the middle one-third of the stomach in three cases (50.0%), while two patients had a lesion in the lower-third of the stomach (33.3%), and one had a lesion in the upper one-third of the stomach (16.7%). The treatment consisted of LECS in two patients, ESD in two patients, laparoscopic wedge resection in one patient, and removal of the larva with biopsy forceps in one patient.

Although the cause and pathogenesis of gastric eosinophilic granuloma are still unknown, several considerable mechanisms such as inflammatory reactions, immunologic reactions, and allergic reactions have been reported (1, 10). Li et al. reported a significant association in gastric eosinophilic granuloma between mast cells and eosinophil cell count; this suggests that mast cells might be related with eosinophil cells in this disease (1). It has also been reported that most patients with gastric eosinophilic granulomas are young adults, predominantly male (1, 3). However, in our review, there were more female patients than males, and middle-aged patients were the majority of cases with gastric eosinophilic granuloma related to anisakiasis. Furthermore, most patients have ulcers with smooth and