Color 1  Endoscopic findings of circumferential inlet patch of 40mm length (left) of a 45 years old male without any clinical complaints.

Color 2  Endoscopic findings of Barrett esophagus of 40mm length from EG junction of same patient.

Color 1-a  Colonoscopic picture showing hyperemia.
Color 1-b  Colonoscopic picture showing marked edema and erosions.
Color 2-a  Colonoscopic picture showing mucosal bleeding.
Color 2-b  Colonoscopic picture showing irregular shallow ulcerations.

Color 1  Hemostasis after the endoscopic clipping using a transparent hood.
Color 2  Endoscopic examination using a transparent hood showing the bleeding point in the duodenal diverticulum.
Color 3  Successful hemostasis with endoscopic clipping.
Color 4  Spurting variceal bleeding observed in the descending portion of the duodenum.
Color 5  Endoscopic finding of enlarged varices in the descending portion of the duodenum.
Color 6  Injection sclero therapy with cyanoacrylate was performed.

Color 1-a  An endoscopic view of the rectum showing a non granule type LST, 40mm in diameter.
Color 1-b, c  Endoscopic view 3 months postoperatively, showing an ulcer scar with residual tumor.
Color 1. Enteroscopy showed multiple submucosal tumor like lesions in the terminal ileum. (Color 1) The villi on the small intestinal mucosa were normal range. (Color 2) Mucosal biopsy specimen proved intestinal mucosa, and after biopsy, these lesions disappeared.

Color 1. Upper endoscopic finding showed severe esophageal stricture after corrosive esophagitis.
Color 2. Upper endoscopic finding showed esophageal stricture after corrosive esophagitis.

Color 1. Endoscopic examination revealed a fistula in a large Barrett’s ulcer, locating on the anterior wall of the upper thoracic esophagus, 20 to 25 cm from the incisors.
Color 2. Bronchosopic finding showed the esophagotracheal fistula.
Color 3. After four months with medical treatment, the fistula healed.
Color 4. Four months after closure of the fistula, the scar was covered with squamous epithelium and dyed with iodine.

Color 1. Endoscopic images of the middle pharyngeal lesion.
a. Routine endoscopic image.
b. Magnifying endoscopic image (40×).
c. Magnifying endoscopic image (80×).
Color 2. Endoscopic mucosal resection of the middle pharyngeal lesion.
a. Iodine staining of the lesion before the EMR.
b. Saline with epinephrine was injected into the submucosal layer.
c. The unstained area was sucked into the transparent cap by strong negative pressure, and then resected.
d. After the EMR, the bare muscular layer was exposed.
Color 3. Resected specimen.
a. Macroscopic view of the resected specimen.
b. Iodine staining of the resected specimen.
c. Histopathological picture (HE, 2×).
d. Histopathological picture (HE, 20×).
症例 三朝博仁，他論文
＜本文48頁 - 49頁＞

Color 1-a  Endoscopic examination revealed 1type tumors covered with the white coat at 28cm from the incisor. Initial biopsy from the tumor revealed only candidal infection.
Color 1-b  Papillary and warty appearance of the mucosa was seen in the lower thoracic esophagus.

症例 増田舞未子，他論文
＜本文50頁 - 51頁＞

Color 1  A hyperplastic polyp in the antrum.
Color 2  Active spurting bleeding from the stump of the polyp which was torn spontaneously.

症例 渡辺昌則，他論文
＜本文52頁 - 53頁＞

Color 1  Endoscopic view showed a protuberant tumor with central ulceration in the anterior wall of the gastric body.
Color 2  Endoscopic view 48 days after the initial examination showed the peripheral protuberance of the tumor had almost disappeared and the ulcer became scarred.

症例 片岡幹統，他論文
＜本文54頁 - 55頁＞

Color 1-a, b  Endoscopic picture shows 0-IIc lesions on the anterior wall of antrum and the posterior wall of pylorus.
Color 2  Endoscopic picture shows gastric ulcer scar on the posterior wall of the upper body.

Color 3-a, b  Endoscopic picture shows reddish depressed lesion on the posterior wall of the upper body (a: conventional endoscopy, b: indicocarmine dye spraying).
Color 4  Resected specimen revealed a 0-IIc lesion on the posterior wall of the upper body.

症例 草野昌男，他論文
＜本文56頁 - 57頁＞

Color 1  Endoscopic picture showing IIa + IIc lesion on the anterior wall of the antrum.
Color 2  Endoscopic picture showing polypoid lesion on the lesser curvature of the antrum.
症例 村嶋英学，他論文
＜本文58頁－59頁＞

Color 1
Endoscopic findings showed a giant submucosal tumor with deep central depression is observed in the fornix.

Color 1-a: Endoscopic findings showed a giant submucosal tumor with deep central depression in the fornix.

Color 2: Immunohistochemistry of GIST. Positive reaction to c-kit (2-a) and CD34 (2-b) immune stainings.

症例 田原利行，他論文
＜本文60頁－61頁＞

Color 1 Endoscopic view showing edema, erosions, and bleeding in the stomach.

Color 2 Endoscopic view showing redness in the cecum.

症例 市村 崇，他論文
＜本文62頁－63頁＞

Color 1-3 In case 1, varices were found in the fornix and body of the stomach but not in the esophagus.

Color 4-6 In case 2, varices were found in the fornix and body of the stomach but not in the esophagus.

症例 河田 宏，他論文
＜本文64頁－65頁＞

Color 1-a Endoscopic view through the giant hood.

Color 1-b Endoscopic view of a retractable knife being taken into the giant hood.

Color 2-a Endoscopic views after removal of the edge of the retractable knife.

Color 2-b Hemostasis with clips.
症例 坂木 理, 他論文
＜本文66頁 - 67頁＞

Color 1: Endoscopic pictures on admission. Multiple gastric ulcers are seen at the gastric angle.
Color 2: Endoscopic pictures of gastric bezoar on the 2nd and 18th hospital day.

症例 前島顕太郎, 他論文
＜本文68頁 - 69頁＞

Color 1: Endoscopic findings of gastric ulcer scar. This ulcer scar is in the less anterior wall of the upper stomach.
Color 2: Endoscopic findings of gastric ulcer. This ulcer is 1.5cm size and a deep ulcer in the less anterior wall of the upper stomach.

症例 小野敏嗣, 他論文
＜本文70頁 - 71頁＞

Color 1: Endoscopic findinds showed irregularly-shaped ulcers and erosions at second portion of duodenum.
Color 2: Purpura of lower extremity appeared on the 11th day.

症例 渡辺佐和子, 他論文
＜本文72頁 - 73頁＞

Color 1: Endoscopic examination in 2003 shows diffuse redness on the second part of duodenum.
Color 2: Histological examination showed moderate invasion of eosinophils in duodenal mucosa (HE 200×).

症例 千葉斎一, 他論文
＜本文74頁 - 75頁＞

Color 1: Endoscopic study, showing the duodenal elevated tumor which mimick laterally spreading tumor of the colon.

症例 原 浩二, 他論文
＜本文76頁 - 77頁＞

Color 1: Small intestinal endoscopic finding revealed elevated lesion with ulceration like Type 3, which surface was irregular.
Color 2: Historical findings of the biopsy specimen from small intestine showed some rosette structures and positive sign for chromogranin stain.
Color 1 Intestinal endoscopic finding relieved jejunal diverticulum with angiodysplasia which was located the margin of diverticula.

Color 2 We performed Hypertonic saline and epinephrine injection (HSE) and Argon Plasma Coagulation (APC) to the angiodysplasia.

Color 2 Low power view of the EMR specimen (× 4) : 2004.5.24. : Well differentiated adenocarcinoma (left 2/3) with adenoma (right 1/3).

Color 3 High power view of the EMR specimen (× 25) : 2004.5.24. a : Well differentiated adenocarcinoma (left) and tuber adenoma (right) with moderate atipia. H & E, b : Immunostaining of p53 protein.

Color 4 Histological appearance of biopsy the specimen (×50) : 1999.4.27. a : Well differentiated adenocarcinoma (right 2/3) and tuber adenoma (left 1/3). H & E, b : Immunostaining of p53 protein.

Color 1 Endoscopic finding revealing circular ulcers of the ascending colon.
Color 2 Endoscopic finding showing a stenotic massive lesion with irregular ulcers of the ascending colon.

Color 1-a A 30 mm 20 mm tumor associated with narrowing was observed in the small intestine.

Color 1-b A 35 mm 15 mm shallow, depressed tumor was seen in the descending colon (A) and, proximal to it, a 50 mm 40 mm protruding tumor associated with superficial depression (B).

Color 1-c After desmin staining, the stained muscle layer, primarily the serosal muscle layer, has grown in such a manner as to push up the mucosa.

Color 2-a After desmin staining tumor A, the stained muscle layer, primarily the serosal muscle layer, is seen to have grown in such a manner as to push up the mucosa.

Color 2-b In tumor B, a tumor is seen centered in the muscle layer stained with desmin, and a tumor that invaded the muscle layer has grown on the mucosal side.

Color 2-c In tumor A, part of the well differentiated adenocarcinoma that invaded the muscle layer has invaded the epithelium.

Color 2-d In tumor B, a large part of the well differentiated adenocarcinoma that invaded the muscle layer has invaded the epithelium.
症例

喜多和代，他論文
＜本文88頁－89頁＞

Color 1-a, b  Color 1-c, d  Color 2-a, b

Color 1  Upper gastrointestinal endoscopic findings. Body of stomach on admission (a) and 3 months after PSL treatment (c). Descending part of duodenum on admission (b) and 3 months after PSL treatment (d).
Color 2  Colonoscopic findings on admission. Descending colon (a) and terminal ileum (b).

症例

若杉 聡，他論文
＜本文90頁－91頁＞

Color 1-a  Color 1-b  Color 2-a  Color 2-b

Color 1-a  Colonoscopic examination of 2001 revealed slightly redness of mucosa.
Color 1-b  Biopsy specimen revealed inflammatory cell infiltration (neutrophil, eosinophil, lymphocyte, and monocyte), and atrophic crypts. Infiltration of neutrophil leucocytes to crypts was seen. Ulcerative colitis was suspected.
Color 2-a  Colonoscopic examination of 2002 revealed no abnormal finding of colonic mucosa.
Color 2-b  Biopsy specimen revealed moderately acute inflammatory cell infiltration. Subepithelial collagen fiber was slightly thick, but less than 15μm.

Color 3-a  Colonoscopic examination of 2004 revealed ulcers in cecum and ascending colon.
Color 3-b  Biopsy specimen of 2004 revealed thickening of subepithelial collagen fiber (more than 15μm arrow) and non specific inflammatory cell infiltration.

症例

高橋昌宏，他論文
＜本文92頁－93頁＞

Color 1  Colonoscopy showed an elevated lesion on the right posterior wall of the lower rectum.
Color 2  Histological findings of the biopsy specimens showed diffuse infiltration of centrocyte-like cells and lymphoepithelial lesions.

症例

山下浩子，他論文
＜本文94頁－95頁＞

Color 1  A colonoscopic picture taken on May 14, 2004 reveals Dieulafoy’s type ulcer in the rectum.
Color 2  Endoscopic ligation was performed using the EVL technique.
Color 3  A colonoscopic picture taken 8th day after endoscopic ligation reveals scar.
**Case 1**: Cholangioscopy shows the yellowish white colored stones broken up by the EHL.

**Case 2**: Macroscopic view after operation. Histopathological diagnosis was solid-pseudopapillary tumor.

**Case 3**: Schema of operation. Histological findings of the resected specimen showing insulinoma (HE × 200, immunoreactivity for insulin × 200).

**Case 4**: Endoscopic view of the papilla vater. This papilla was practiced EST 6 years ago due to CBD stones.
   a. ERCP showed fresh blood draining from the papilla vater.
   b. Tumor tissue mass (white arrow) was passed from the papilla vater.
   c. ERCP showed blood clots from the papilla vater.