Color 1 Gastric juice color card.
Color 2 Endoscopic finding of a 52-year–woman with a main complaint of heartburn.
a: A picture showing Los Angeles classification grade M lesions in the esophagus.
b: A picture showing gastric juice containing bile in the stomach.

Color 1 Endoscopic finding showed an obstruction with focused colonic mucosa.

Color 1 Endoscopic findings of the esophagus showed geographic ulcers covered with black exudate.
Color 2 Histological findings of the biopsy specimen showed ground–glass intranuclear inclusion bodies (HE–staining).
Color 1  Endoscopic finding showed the erosion and hemat in the prepylorus. And whole stomach developed edema.
Color 2  Following H₂ blocker usage, AGML was not improving in the endoscopic finding.
Color 3  It lacked the identifiable inflammatory pattern of the stomach after administration of PPI.

Color 1  The chromoendoscopic view with iodine staining. The weakly stained areas were located in the right anterior wall (a : arrow) and the left anterior wall (a : arrow head) of the middle esophagus. The former was resected in en bloc fashion with ESD (b), and the latter was treated with EMR-C (c).
Color 2  The endoscopy of normal esophageal mucosa (a). In the right anterior lesion, small cells with higher nucleus–cytoplasm ratio in an irregular arrangement were observed, suggesting high grade intraepithelial tumor (b). In the left anterior lesion, the number of cells is increased, compared with normal mucosa. The nuclei are slightly enlarged (c). These findings indicated the possibility of low grade intraepithelial tumor.
Color 3  Photomicrograph findings correspond well to high grade intraepithelial neoplasia (a,b) and low grade intraepithelial neoplasia (c,d) respectively (Hematoxylin–eosin staining).
Color 1-a, b  Endocytoscopic images *in vitro*. a. Iodine stained area, b. Squamous cell carcinoma, the cancer cells are present throughout the epithelium.

Color 2-a, b  Upper gastrointestinal endoscopy. a. Small depressed lesion partially surrounded around slightly elevation in the cervical esophagus (arrows), b. Magnifying endoscopy with Narrow Band Imaging. Minimal capillary changes are present on the brownish area.

Color 3  Endocytoscopic image *in vivo*. A finding similar to Color 1 b.

Color 4  Atypical cells are present throughout the epithelium without evidence of maturation at the surface, microscopically (Hematoxylin and eosin staining, ×100).

Color 1a  Endoscopic finding of IIc lesion on the greater curvature of the remnant stomach.

Color 1b  Endoscopic finding of IIc lesion treated by ESD.

Color 2a  Macroscopic finding of the resected specimen. Red lines show the area of cancer.

Color 2b  Histological finding of the resected specimen. Red lines show the area of cancer.

Color 2c  Histological finding showed poorly differentiated adenocarcinoma.
Color 1  Endoscopic finding shows multiple ulcers and erosions with oozing hemorrhage on the gastric corpus.
Color 2  Endoscopic finding reveals full circular edematous mucosa with hemorrhagic erosion in the gastric antrum.

Color 1-A  Color 1-B  Color 2-A  Color 2-B

Color 1  Endoscopic findings. Plate A shows multiple foreign bodies. Plate B shows multiple gastric ulcers.
Color 2  Overview of the all retracted 30 foreign bodies from the stomach.

Color 1-a  Color 1-b

Color 1  Endoscopic image
Color 1-a  Endoscopic view showed a reddish polyp with erosion in the stomach.
Color 1-b  Endoscopic view showed the stalk of the polyp.

Color 1-a  Color 1-b

Color 1  colonscopic findings
a. edema of the cecum and the worm penetrating mucosa of the cecum.
b. The worm caught by a biopsy forceps.

Color 1-a  Color 1-b
**Case: Typical Case, Other Papers**

**Color 1** Endoscopic picture of upper body showed reddish mucosa and irregular mucosa with dying by indigo-carmine before *H.pylori* eradication.

**Color 2** Endoscopic picture of upper body showed mild reddish mucosa with dying by indigo-carmine after *H.pylori* eradication.

**Color 3** Immunohistochemical staining of BCL-10 protein expression.
- a) BCL-10 was expressed in most of tumor cells before *H.pylori* eradication.
- b) BCL-10 was expressed in most of tumor cells after *H.pylori* eradication.
- c) BCL-10 was not expressed after radiation therapy.

**Color 4** Endoscopic picture of upper body showed small ulcer with dying by indigo-carmine 1 month after radiation therapy.

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**Case: Typical Case, Other Papers**

**Color 1** Endoscopic picture. On the anterior wall of the cardia An excavated-type ulcer was detected although it was not large.

**Color 2** Endoscopic picture. After Hp eradication and PPI therapy for 8 weeks, ulcer healing was not achieved. Marked peripheral elevation was observed.
Color 1  Endoscopic finding. A giant ulcer was found in the antrum of the stomach. It occupied half circumference of the lumen with clinging clots on its floor. a : distant view. b : close-up view.
Color 2  Endoscopic finding. The ulcer healed to a scar after 6 months.

Color 1  Endoscopic finding shows a solitary submucosal tumor on the anterior wall of corpus body.
Color 2  1 year later, after eradication of H. Pylori, endoscopic finding shows ulcer formation on the submucosal tumor.
Color 3, 4  Histological findings of the resected tumor. Proliferating gastric glands in the submucosal layer of the gastric wall.

Color 1–a  Endoscopic finding showed a type 3 lesion on the greater curvature of the lower body of stomach.
Color 1–b  Endoscopic finding showed a protruded lesion like a submucosal tumor on the greater curvature of antrum of stomach.
Color 2  Macroscopic finding of resected specimen showed a giant tumor that developed from a gastric mucosa.

Color 1  A Narrow Band Imaging examination showed a normal–appearing mucosal surface of the polyp.
Color 2  Histopathological studies with Elastica van Gieson staining (loupe view).
**症例 岸本有為，他論文**

*本文78頁-79頁*

**Color 1**  A fistula was confirmed on the posteolateral wall of duodenal bulb
**Color 2**  EGD study showed a large brown-black stone impacted in the descending portion of duodenum.

![Image 1](image1.png)  ![Image 2](image2.png)

**症例 市村茂輝，他論文**

*本文80頁-81頁*

**Color 1**  Endoscopic findings: Duodenal varices with white plug on descending portion in duodenum
**Color 2**  Endoscopic findings (at 7 days after EIS): Duodenal varices was reduces and CA was exposed.

![Image 1](image3.png)  ![Image 2](image4.png)

**症例 小野里康博，他論文**

*本文82頁-83頁*

**Color 1**  Chromoendoscopic findings with indigo carmine: a flat elevated lesion measuring 3 cm in diameter was located in the lesser curvature of antrum.
**Color 2**  Magnifying endoscopy revealed irregularities of the surface appearance and abnormal vessels were observed.
**Color 3**  Conventional endoscopy revealed a small elevated lesion in the duodenum opposite the superior duodenal angulus.
**Color 4**  Magnifying endoscopy revealed the dilated meandering vessels demonstrating an unequal caliber and the disappearance of villous structures.
**Color 5**  Several milliliters of the submucosal injection solution (a 10% glycerin plus 5% fructose solution (Glycel) with indigo carmine) were injected around the lesion to lift it off the muscle layer.
**Color 6**  The lesion was completely resected without either any perforation or bleeding. The submucosal layer demonstrated a blue color with indigo carmine.

![Image 1](image5.png)  ![Image 2](image6.png)  ![Image 3](image7.png)

![Image 1](image8.png)  ![Image 2](image9.png)  ![Image 3](image10.png)

![Image 1](image11.png)  ![Image 2](image12.png)  ![Image 3](image13.png)
Color 1 Colonoscopy showed flesh bleeding from the ileum.

Color 2-a DBE showed multiple telangiectasias in the jejunum.

Color 2-b multiple telangiectasias were treated by soft coagulation.

Color 1 Endoscopic appearance of gastric antral vascular ectasia

Color 2-a Capsule endoscopy image shows reddish lesions in the antrum

Color 2-b Capsule endoscopy image shows erosions in the small bowel

Color 3 Endoscopic appearance of gastric antral vascular ectasia with oozing hemorrhage

Color 4 Endoscopic appearance of gastric antral vascular ectasia after initial treatment of the APC

Color 1 Endoscopic picture showing submucosal tumor like elevated lesion with ulceration.

Color 2 Endoscopic picture showing diverticulum.

Color 3 Histological examination revealed GIST (mixed cell type).

Color 4 Immunohistochemical staining of KIT and vimentin showed positive the otherside α-SMA and S-100 showed negative.
症例  飯塚春尚，他論文
＜本文94頁－95頁＞

Color 1  Endoscopic view of LST-G (mixed-type) in the rectum just above the dentate line.
Color 2  Endoscopic view of mucosal defect after ESD.
Color 3  Resected specimen
Color 4  Endoscopic view after indigocarmine dye spraying of LST-NG (pseudodepressed type) on a fold of the ascending colon.
Color 5  Endoscopic view of minor perforation in the submucosal dissection.
Color 6  Endoscopic view after closing the perforation using an endoclip.

症例  鳴山文子，他論文
＜本文96頁－97頁＞

Color 1-a  Endoscopic view of the ascending colon. Erosion and redness, edematous mucosa is observed.
Color 1-b  Endoscopic view of the transverse colon. Longitudinal ulcer is observed.
Color 2  Microscopic examination of the biopsied specimen reveals erosion, severe inflammatory cellular infiltration and goblet cell depletion.

症例  大前芳男，他論文
＜本文100頁－101頁＞

Color 1  Endoscopic image of an actively bleeding angiodysplasia in the right transverse colon.
Color 2  Same lesion seen after endoscopic clipping.

症例  長尾さやか，他論文
＜本文102頁－103頁＞

Color 1  Clip locates on the distal side of anastomoic stenosis, and guide wire was passed through anastomoic stenosis.
Color 2  Anastomoic stenosis was improved by dilatation of EMS.
**Case 1**  
Endoscopic picture of the rectum showed a protruded lesion with oozing of blood.

**Case 2**  
Histological findings of resected specimen showing HMB45-positive cells.

**Case 3**  
A 15-mm-diameter yellowish submucosal tumor was observed in the rectum. The top of the tumor is reddish.

**Case 4**  
Histologically, the lesion had a ribbon-like pattern with clear resection margins.

**Case 5**  
Endoscopic photo shows an elevated lesion with smooth surface similar to submucosal tumor.

**Case 6**  
Pathological finding of the surgically resected rectal tumor shows that atypical lymphocytes infiltrated into the epithelial layer, forming lymphoepithelial lesion.