**Clinical Research**

**小柳和夫, 他論文**

*Color 1*  Upper gastrointestinal series showed that the tumor existed in the retrosternal cavity and the tumor size was 1.5 cm in diameter. *Color 2*  Endoscopic examination performed after 17 months of EMR revealed the recurrent tumor on EMR scar (a), and APC was intended to treat (b).

**福島元彦, 他論文**

*Color 1*  We utilize 22G Cathelin Needle with 4-0 Nylon thread loop already made out side the stomach. This picture shows the 1st puncture.

**三澤将史, 他論文**

**Case 1**

Endoscopic picture showed the lesion, located on lower part of thoracic esophagus.

Histological findings of the resected specimen revealed well-demarcated tumorous lesion in lamina propria (H&E staining).

Immunohistochemical staining of the resected specimen revealed positive for CK7.

**Case 2**

Endoscopic picture showed II c + III type like advanced gastric cancer with the folds convergence at the greater curvature of the lower body.

The exposed vessel was accompanied to the ulcer bottom of the lesion.

Endoscopic hemostasis was done by hypertonic saline–epinephrin injection method.

Endoscopic picture showed gooseflesh-like gastritis at the antrum.

Resected specimen.

**Case 3**

Endoscopic findings showed irregular and slightly depressed lesion measuring 20mm in a diameter (lesion 1). Magnifying endoscopy with Narrow Band Imaging showed IMVP in the lesion.

Endoscopic findings showed other multiple depressed lesions measuring 40mm and 20mm in a diameter (lesion 2 and 3). Endoscopic ultrasound sonography showed multilocular low echoic lesion and invasion to the submucosal layer was suspected (lesion 3).
症例 澤田 晋，他論文
＜本文46頁－47頁＞

Color 1  Endoscopic finding showed IIc lesion in the anterior wall of antrum.
Color 2  Macroscopic findings of the resected specimen. Horizontal margin was negative.
Color 3  Histological findings (HE, 40×) showed moderately differentiated adenocarcinoma, SM1 (300μm).
Color 4  Histological findings (D2-40 staining, 100×) showed moderately differentiated adenocarcinoma, ly +.

症例 松原猛人，他論文
＜本文48頁－49頁＞

Color 1  A reddish well-demarcated protorusion lesion accompanied by central depression of 20mm in diameter was observed at the greater curvature of the middle body.
Color 2  Endoscopic finding showed a large submucosal tumor at the greater curvature of the middle body.

症例 平澤俊明，他論文
＜本文52頁－53頁＞

Color 1  A discolored and shallow depression lesion, 4 mm in diameter, was observed at the posterior wall of the fornx (arrows).
Color 2  ESD was successfully performed without perforation.
Color 3  A perforation was detected in the ulceration of ESD.
Color 4  We successfully closed the perforation by clipping.
Color 1  Endoscopic image shows small gastric ulcer on the anterior wall of the lower corpus. Injection of indocyanine green (ICG) through percutaneous hepatic abscess drainage tube, reveals the fistula.

Color 2  Follow-up endoscopic image after treatment, fistula is closed and looks like white ulcer scar.

Color 1-a  Colonoscopic finding of the transverse colon. Colonoscopy showed diffuse rough mucosa, edema, erosion, indistinct vascular pattern and contact bleeding from cecum to rectum.

Color 1-b  Pathological finding of colonic mucosal biopsy showed moderate to severe inflammation.

Color 1-c  Esophagogastroduodenoscopic finding of the duodenum. Esophagogastrroduodenoscopy (EGD) showed diffuse rough mucosa, erythema and erosion from antrum to duodenum.

Color 1-d  Pathological finding of duodenal mucosal biopsy showed severe inflammation with crypt abscess (arrow).

Color 2-a  Colonoscopic finding in remission stage showed almost normal mucosa.

Color 2-b  EGD showed improvement of mucosal inflammation in duodenum.

Color 1-a  A 2 type tumor was observed in the antrum by endoscopic examination.

Color 1-b  In the 100 times magnified endoscopic examination, the vessel pattern of this tumor was the same as that of undifferentiated type gastric cancer.

Color 2  Immuno-histochemical staining (20 times magnified): The positive staining for NSE, Chromogranin A, and CD56 was observed in the cytoplasm of cancer cell.
症例 新井勝人，他論文
＜本文60頁－61頁＞

Color 1  Endoscopic finding revealed an ulcerated lesion surround by mound involv-
ing the upper gastric body and fornix.
Color 2  Endoscopic finding after the embolization. The ulcerative lesion was en-
larged, and bleeding was not detected.

症例 須田浩晃，他論文
＜本文62頁－63頁＞

Color 1  Endoscopic findings shows bleeding form gastric angioetasia on middle body.
Color 2  Hematostasis was done by trachea type APC probe.

症例 三橋敏武，他論文
＜本文64頁－65頁＞

Color 1  A fistula of the stomach.
Color 2  Biopsy forceps was put into the stomach through
the fistula.
Color 3  PEG tube was hold by the snare forceps.

症例 星野 剛，他論文
＜本文66頁－67頁＞

Color 1  Endoscopical finding showed that dental prosthesis penetrated the pylorus ring
of the stomach.
Color 2  Endoscopical findings. We could remove of the artificial dentition.
Color 1  Endoscopic findings show a bleeding point in the duodenal diverticulum.
Color 2  Endoscopic findings show an area of bleeding from duodenal third portion.
Color 3  Endoscopic findings show a bleeding point in the duodenal diverticulum.

Color 1  Endoscopic findings of acute esophageal necrosis.
Color 2  Endoscopic findings of acute duodenal mucosal lesion (ADML).

Color 1  Endoscopic findings showing an active duodenal ulcer (stage A1) on the pylorus. (a, b)
Endoscopic findings showing an active ulcer (stage A2) and the gastroduodenal fistula on the pylorus. (c, d)
Pylorus (→), Pseudo pylorus (⇒)
Color 2  Endoscopic findings showing a healing ulcer (stage H1) and double pylorus on the pylorus. (a, b)
Endoscopic findings showing duodenal ulcer scar (stage S1) and double pylorus clearly. (c, d)
Pylorus (→), Pseudo pylorus (⇒)
**症例 矢野雄一郎，他論文 〈本文74頁－75頁〉**

*Color 1*  Endoscopic finding reveals an ulceroinfiltrative lesion without structure in the third part of duodenum.  
*Color 2 (2-a, 2-b)*  Immunostaining shows diffuse positivity for CD56 (2-A) and granzyme B (2-B) in the tumor cells.

**症例 広渕浩司，他論文 〈本文76頁－77頁〉**

*Color 1*  BE shows wide irregular ulcer in the ileum.  
*Color 2 a, b*  Histological appearance of the resected specimen

**症例 草野昌男，他論文 〈本文78頁－79頁〉**

*Color 1*  Endoscopic picture showing submucosal tumor like elevated lesion with grey mucosa and stenosis.

**症例 加藤 彩，他論文 〈本文82頁－83頁〉**

*Color 1*  Capsule endoscopy findings showing a submucosal tumor–like protruding lesion with an ulcer, occupying about one third of the circumference of the lumen. The lesion was considered to be located in the superior part of the ileum.  
*Color 2*  Single–balloon enteroscopy finding showing droad based elevated lesion associated with an ulcer.  
*Color 3*  Histopathological findings showing a carcinoid tumor with round nuclei. The lesion proliferated in a nest–like to trabecular fashion and was located mainly in the submucosa.
Color 1–a, b, c  Capsule endoscopy demonstrates ulcers in the ileum.
Color 2–a, b  Double balloon endoscopy reveals a stricture lesion of the ileum complicated with open ulcer.

Color 1–a  Colonoscopy revealed penetration of the wall of the terminal ileum (10cm away from valva ileocecalis) by the fish bone.
Color 1–b  The fish bone was removed using an endoscopic forceps.
Color 1–c  The fish bone after colonoscopic extraction.
Color 1–d  After removal of the fish bone, colonoscopy showed the inflammatory mucosa with pus.
Color 1–e  The length of the fish bone was 4cm.

Color 1  Single balloon enteroscopic image.
Small ulcers queued up in lineal.
Color 2  Single balloon enteroscopic image with a dye–spraying.
症例 前多力，他論文

Color 1  colonscopic findings
Color 1-a  The worm penetrated into mucosa of the ascending colon
Color 1-b  The worm caught by a forceps with colon mucosa

症例 斛田芳久，他論文

Color 1  Endoscopic picture shows massive active bleeding from appendix.
Color 2  Endoscopic picture shows seven metallic hemostasis clips closed appendix and stopped bleeding.

症例 石井靖久，他論文

Color 1  Oozing hemorrhage was appeared after spraying with the saline solution at near the Bauhin’s valve.
Color 2  Arterial hemorrhage happened after the APC treatment for the angiectasia.
**Color 1** Endoscopic findings in 2003 showed erosions, reddishness, edema; typical ischemic colitis.

**Color 2** Endoscopic findings in 2007 showed multiple ulcers, edema, stricture with erosions.

**Color 3** Macroscopic findings. The loop of bowel was adherent to one another as a result of colonic fistula. Note the stricture formation of the colon.

**Color 4** Histological findings of the colon showed transmural cellular inflammation and compact noncaseating granulomas. (Hematoxylin-eosin staining)

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**症例 市川 欅, 他論文**

**症例 伊藤 犀, 他論文**

**症例 齋藤 秀一, 他論文**

**Color 1** Endoscopic findings before the treatment show a stricture and tumor like lesions in the ileocecal junction.

**Color 2** Endoscopic findings after the treatment show the remaining stricture though the edema of the ileocecal junction was improved.

**Color 1** Ziehl–Neelsen stain shows Mycobacterium tuberculosis (stained violet) in colon tissue (blue).

**Color 2** Endoscopic view shows narrow cavity with bleeding and erosion in transverse colon.

**Color 3** Endoscopic view shows severe stenosis without active lesion in transverse colon.
**Case 1** 海宝雄人，他論文

**Color 1** Colonoscopic finding showed stenosis in ascending colon.
**Color 2** Colonoscopic finding showed ileocecal deformity.
**Color 3** Macroscopic finding of the ascending colon showed a stenosis about 6 cm.
**Color 4** Histological finding of the stenotic lesion showed multiple granulomas.

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**Case 2** 武田良平，他論文

**Color 1-a** Arrows pointed to the failing spots of tattooing.
**Color 1-b** Marking with two clips was opposite to the tumor.
**Color 2** The India ink was slightly injected in the perietal peritoneum (black arrow).
Tattooing nearby the tumor was diffused slightly to mesentery of the sigmoid colon (white arrow).

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**Case 3** 高山敬子，他論文

**Color 1** Adenoma of the papilla of Vater and white villous mucosa around the papilla of Vater in the duodenum.
**Color 2** 2 months after resection, there is no sign of recurrence of adenoma.
**Color 1** Pathological findings of aspiration cytology revealed papillary growth of the tumor cells.
**Color 2** Resected specimen of the pancreatic head tumor consisted of a solid lesion and cystic lesion with hemorrhage.

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**Color 1. upper left**: Approaching to gastrojejunostomy by DBE. **upper right**: Going into the efferent loop. **lower left**: Finding two lumens at Braun anastomosis. **lower right**: Finding another lumen in the superior direction.
**Color 2. upper left**: Going into the afferent loop to blind end. **upper right**: Cannulating into duodenal papilla. **lower left**: Performing the EPBD balloon. **lower right**: Removing a stone from CBD.

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**Color 1** Endoscopic picture shows tumor growth to papilla and distal migration (a), ulceration of duodenum (b), obstructed with food impaction (c), remove food impaction with balloon catheter (d).
**Color 2** Endoscopic picture shows trimming a metallic stent with argon plasma coagulation (a–d).

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**Color 1** Bile taken from ERCP. Limy bile is bottom of the spitz tube.
**Color 2** On EST, Limy bile flowed from the papilla.