Color 1  ESD of the Lateral Spreading Tumor (LST) of rectum (1).
The rectal tumor is highly lifted up by the thread-guided forceps, and submucosal area with blue dye is widely stretched for the safe and immediate dissection.

Color 2  ESD of the Lateral Spreading Tumor (LST) of rectum (2).
Dissecting device is seen from the left side, cutting into the submucosal area. The rectal tumor is stretched higher by the thread-guided forceps. After lifting up, this lesion was resected in three minutes.

Color 1  Laparoscopic operative view: Mild edema was remain at mesorectum, but each anatomical layer could recognize easily.

Color 2  Resected speciem shows dilated obstructive sigmoid cancer with SEMS.

Color 1  Endoscopy shows a bulky polypoid tumor with irregular surface of 10cm in size, nearly obstructing the lumen at 30cm from the incisor. The endoscopy could be passed beyond the tumor.

Color 2  Endoscopy shows the ulcerative tumor continuing on the anal side of the polypoid tumor shown in ‘Color 1’. The lesion was extending to squamocolumnar junction.
**Color 1**  Endoscopic findings showed the elevated tumor covered with the normal mucosa, which was seen 19～30cm from the incisors. The tumor occupied esophageal lumen, and had an deep ulcer at anal side.

**Color 2**  Endoscopic findings after one course of chemotherapy, showed the disappear of the tumor, and an deep ulcer.

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**Color 1**  Endoscopic findings showed IIc lesion at the posterior wall of middle gastric body.

**Color 2**  Pathological findings showed the tumor was well differentiated tubular adenocarcinoma located in mucosa and heterotopic glands at submucosal layer.

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**Color 1**  Gastrointestinal (GI) endoscopy images (a) and Endoscopic Ultra-Sonography images (b). Homogeneous tumor with low echo signal. The origin was unclear whether originated from stomach or liver.

**Color 2**  Surgical view of the tumor (a–c) and Microscopic view (d). Cavernous hemangioma of the liver.
症例 大森里紗，他論文
＜本文62頁－63頁＞

**color 1**  Endoscopic findings show early gastric cancer (IIc-like lesion) on the lesser curvature of angulus.
**color 2**  Endoscopic findings reveal advanced gastric cancer (type 1-like lesion) on the lesser curvature of angulus.
**color 3**  Chest CT show lung carcinoma invading sternum.

症例 小野里康博，他論文
＜本文70頁－71頁＞

**Color 1**  Endoscopic findings with conventional endoscopy. Endoscopy showed a small whitish depressed lesion in the anterior wall of duodenal bulb. It was mimicked with ulcer scar.
**Color 2**  Magnified endoscopic findings with narrow band imaging (NBI). Magnification endoscopy with NBI clearly revealed the abnormal branched vessels with unequal caliber. After 1 year from resection, resected part was slightly depressed and villosus patterns were still irregular. However, the abnormal branched vessels with unequal caliber were disappeared.
**Color 3**  Findings of magnified chromoendoscopy with indigo carmine and acetic acid. The color of villous structure became clouded and irregular villous structures were clearly demonstrated.

症例 金子高明，他論文
＜本文72頁－73頁＞

**Color 1**  Operative findings showed an IFP of ileum.
**Color 2**  Microscopic findings of the resected specimen (HE staining). The polyp was composed of fibrous connective tissue containing with infiltration of eosinophils, lymphocytes and plasma cells.
Color 1  Oral DBE showed a large ulcer, about 3cm in diameter (a), which was surrounded by an elevated margin at the jejunum (b). Loop-like portions of the small intestine were contacting each other (arrow), and the lesion was accompanied by distension.

Color 3-a  There were medium-sized, abnormal lymphocytes in all layers of the intestinal wall, with accompanying destruction of the muscle layer (arrow).

Color 3-b  Tumor cells infiltrated into the duct from the basement membrane, and the villi of the small intestine were dull and atrophic (arrow).

Color 3-c  CD3 was positive by the immunostaining.

Color 1  An endoscopic view of the pyloric stenosis.

Color 2  Upon completion of the maneuver, transnasal endoscopy revealed that the stent was properly placed in the duodenum with resultant dilated stenosis.

Color 1-a  Endoscopy revealed duodenal varices in third portion of duodenum initially treated by clipping.

Color 1-b  Endoscopic variceal ligation was additionally performed for duodenal varices.

Color 2  Endoscopy after BRTO revealed complete disappearance of duodenal varices.
症例 大瀬良省三, 他論文  
＜本文80頁－81頁＞

**Color 1** Single-balloon enteroscopy shows angioectasia in the small intestine.  
**Color 2** Single-balloon enteroscopy shows post-treatment of angioectasia with APC.

症例 白戸 泉, 他論文  
＜本文82頁－83頁＞

**Color 1** Endoscopic view of ileum showed stenosis.  
**Color 2** Endoscopic view of ileum showed the stone.  
**Color 3** Macroscopic finding of ileum and stone.

症例 加藤 彩, 他論文  
＜本文88頁－89頁＞

**Color 1-a**  Balloon dilation with a balloon enteroscope via an anal approach showed a circumferential stricture of the small intestine about 5 cm proximal to the ileocecal valve. After 3 sessions of dilation, the scope could be passed through the stricture.
症例 小沢正幸, 他論文
＜本文90頁－91頁＞

Color 1  a  Case 1  Bleeding from Ileal diverticule
Color 1  b  Case 1  Ligation by O-ring stopped bleeding immediately
Color 2  Case 3  Bleeding from Ileal diverticule
Color 3  Our method of the treatment for diverticular bleeding by Esophageal varices ligation device
Color 4  When bleeding diverticule is ligated by EVL device with accuracy, blood vessel is exposed on the everted mucosa of the diverticule
Color 5  40th day after ligation, the diverticule disappeared and changed to scar

症例 川野佳彦, 他論文
＜本文92頁－93頁＞

Color 1  Plain image with normal magnification.
Color 2  FICE image with normal magnification.
Color 3  FICE image with low magnification.
Color 4  Magnified image with crystal violet staining.

症例 須田浩見, 他論文
＜本文98頁－99頁＞

Color 1  Endoscopic findings shows pneumatosis cystoides intestinal on the sigmoid colon.
Color 2  Endoscopic findings shows pneumatosis cystoides intestinal over the point of the volvulus of the sigmoid colon.
症例 石川清一，他論文
＜本文100頁～101頁＞

Color 1 Small intestine endoscope
Color 2 Small intestine endoscope views

症例 高林一浩，他論文
＜本文102頁～103頁＞

Color 1 Partial resection of the cecum after mobilization with specially designed curved laparoscopic instruments to create the necessary operative angle.
Color 2 Umbilical incision site on postoperative day 5. It was less visible compared with the previous operative scar.

症例 島田紀朋，他論文
＜本文104頁～105頁＞

Color 1 Colonoscopy shows tortuous varices in ascending colon.
Color 2 Endoscopic variceal ligation was performed with the use of 10 Shooter Saeed Multi-Band Ligator®.

症例 草野昌男，他論文
＜本文106頁～107頁＞

Color 1 Endoscopic pictures showing edematous, reddish mucosa with stenosis of sigmoid colon.
**Case 1** Giant half-circular ulcer with thick clots and white coating on the ulcer bed located mainly in the anterior wall of the rectum.

**Case 2** Colonoscopy 6 months after the colostomy showed an ulcer with a thin white coating and redness was found in the anterior wall of the lower rectum directly over the anal verge, but the oral side of the rectal mucosa was normal (arrow).

**Case 3** Colonoscopy 6 months after the colostomy from the vaginal side showed the same ulcer through a large fistula and the anal verge (arrow).

**Case 2**

**Color 1** Endoscopic findings of lower rectum. Submucosal tumor like elevated lesion with erosion.

**Color 2** Endoscopic findings after spraying indigo carmine dye.

**Color 3** Conventional endoscopic view revealed a submucosal tumor-like lesion, 8mm in diameter in the rectum.

**Color 2-a** The endoscopic view after indigocarmin spray showed that the top of the tumor was slightly irregularly depressed.

**Color 2-b** Magnifying view revealed network capillaries, except at the top of the tumor.

**Color 3-a** Magnifying view under water immersion with crystal violet staining revealed type 1 pit.

**Color 3-b** Pathological examination revealed moderately differentiated adenocarcinoma. The tumor was almost completely covered with normal mucosa. Some carcinoma cells were exposed to the surface (the depth of submucosal invasion from the surface was 1.700μm, by 1. v0)
症例 迎 美幸, 他論文
＜本文114頁～115頁＞

Color 1-a Endoscopic finding shows diffuse sessile polypoid lesions with edematous mucosa of the antrum.
Color 1-b Follow-up endoscopy after treatment revealed that the polypoid lesions of the stomach were disappeared.
Color 2-a Colonoscopic findings show the reddish and edematous changes of the ileocecal valve and strawberry-like polypoid lesions of the cecum.
Color 2-b Follow-up colonoscopy after treatment shows that the polypoid lesions of the cecum were reduced.

症例 石井敬人, 他論文
＜本文118頁～119頁＞

Color 1 Endoscopic findings before the treatment.
Color 2 Endoscopic findings after the treatment.

症例 田崎修平, 他論文
＜本文120頁～121頁＞

Color 1-a Endoscopic findings before treatment showed deep ulcer with yellowish–white slough in the cecum.
Color 1-b Endoscopic findings after treatment showed shallow ulcer with white slough in the cecum.
Color 2-a Endoscopic findings before treatment showed deep ulcer with yellowish–white slough in the transverse colon.
Color 2-b Endoscopic findings after treatment showed shallow ulcer without white slough in the transverse colon.
Color 3-a Endoscopic findings before treatment showed deep ulcer with white slough in the sigmoid colon.
Color 3-b Endoscopic findings after treatment showed shallow ulcer without white slough in the sigmoid colon.
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症例 高山敬子, 他論文
＜本文122頁－123頁＞

Color 1  Endoscopic view showing compression of the wall along the greater curvature distal to the anastomosis.
Color 2  Endoscopic view showing the drainage stent and absence of compression along the greater curvature distal to the anastomosis.

症例 山中健一, 他論文
＜本文124頁－125頁＞

Color 1-a  Normal minor papilla was demonstrated by endoscopy.
Color 1-b  Endoscopic minor papillotomy was performed.

症例 長浜正亜, 他論文
＜本文126頁－127頁＞

Color 1  Endoscopic finding showed slightly swelling and reddish major papilla.
Color 2  Histological findings (HE, 40×) showed hyperplastic change.
Color 3  Post papillotomy ulcer scar was seen at duodenal wall.

症例 倉岡賢輔, 他論文
＜本文130頁－131頁＞

Color 1  Peroral cholangioscopy showed the tumor fragment in the left hepatic duct.
Color 2  Peroral cholangioscopy showed the necrotized tumor fragment in the lower common bile duct.