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掲載論文カラー写真集

臨床研究
文園 豊，他論文
＜本文31頁－34頁＞

Color 1  Case A. Endoscopic finding of 0−Ⅱ a type Barrett’s cancer.
Color 2  Case A. Endoscopic finding after spraying indigocarmine.
Color 3  Case D. Endoscopic finding of 0−Ⅱ c type Barrett’s cancer.
Color 4  Case D. Endoscopic finding after spraying indigocarmine.

臨床研究
萩原 聡，他論文
＜本文35頁－39頁＞

Color 1  Endoscopic findings before ESD. There are two flat elevated lesions at the anterior wall and the posterior wall in the greater curvature of lower body of the stomach, respectively.
Color 2  Endoscopic findings just after ESD. Two lesions were intended to be resected, respectively. However, the ulcers of two lesions were connected together. As a result, the resected ratio of the lesion became 75% of whole circumference.

症例
藤井宏行，他論文
＜本文49頁－52頁＞

Color 1  Endoscopic finding.
Color 1-a  Reddish and irregular surface 15mm diameter polyp on the great curvature of upper gastric body.
Color 1-b  Flat elevated 10mm diameter lesion with slight depression on the anterical wall of upper gastric body.
Color 1-c  40mm diameter submucosal tumor like lesion with the reddish depression on the lesser curvature of upper gastric body.
Color 2-a: Proliferation of atypical cells with round nuclei and fairly eosinophilic cytoplasm in small microlobular pattern.
Color 2-b: Proliferation of atypical cells with round nuclei and fairly eosinophilic cytoplasm in small microlobular pattern.
Color 2-c: Proliferation of atypical cells with round nuclei and clear cytoplasm in trabecular pattern.
Color 3-a: MIB1 (Ki67) labeling index was 23%.
Color 3-b: MIB1 (Ki67) labeling index was 8%.
Color 4: Multiple endocrine cell micronests were identified along the lamina muscularis mucosa of the fundus.
Color 5-a: Magnified image of the tumor on the great curvature of upper gastric body due to laxation between the tumor and the muscle layer by peristalsis, the tumor became pedunculated (arrow).
Color 5-b: Magnified image of the tumor on the anterior wall of upper gastric body atrophic change is seen at the apex of the tumor (arrow).
Color 5-c: Magnified image of the tumor on the lesser curvature of upper gastric body atrophic change is seen at the apex of the tumor (arrow).

Clinical Research

Color 1: A submucosal tumor of about 12mm in diameter was found at the rectum (Rb).
Color 2: FDG-PET depicts high signal intensity in the pelvic (arrow).
**症例** 础井真吾，他論文
＜本文56頁－57頁＞

**Color 1** Emergent upper gastrointestinal endoscope on admission. ab) Large amount of blood was observed in the stomach but there was no active bleeding. cd) Bleeding point was supposed to be near esophagogastric junction (arrow), and EVL was performed.

**Color 2** Upper gastrointestinal endoscope after delivery Esophageal varices (a) and gastric varices (b) were observed.

**症例** 落合康利，他論文
＜本文58頁－59頁＞

**Color 1** At 12 days of admission, endoscopic finding showed esophageal ulcer at the middle third of the esophagus, suggestive of caused by known hematoma.

**Color 2** After discharge, endoscopic finding showed esophageal ulcer covered by normal squamous epithelium without obvious stenosis or narrowing.

**症例** 丹野修宏，他論文
＜本文60頁－61頁＞

**Color 1** Endoscopic examination revealed the laterally spreading tumor in a colonic interposition. The size was 15mm in diameter.

**Color 2** Indigo blue staining made the tumor margin clear.

**Color 3** Endoscopic submucosal dissection was performed. There were no bleeding and perforation.

**Color 4** The tumor was completely removed by endoscopic submucosal dissection.
色板 马越智子，他论文
＜本文64页－65页＞

Color 1 Endoscope image findings showed a large gastric calculus in the stomach and it was very hard like a stone.

色板 金子高明，他论文
＜本文68页－69页＞

Color 1 The first upper gastrointestinal endoscopy showed two marginal ulcers, one was bleeding with exposed vessel, the other was a shallow ulcer.
Color 2 Endoscopy showed the ulcer healed and the clips remained.

色板 木全大，他论文
＜本文70页－71页＞

Color 1 A small circle is a marking coin. A dot is the most suitable point to build PEG.
Color 2 PEG was safely performed.

色板 岸本佳子，他论文
＜本文72页－73页＞

Color 1 Endoscopic finding showed the significant edema and thickening of the mucous in the antrum of stomach.
1-a Conventional endoscopy.
1-b Indicocarmine dye spraying.
加藤裕子，他論文
（本文74頁－75頁）

Color 1  Upper gastrointestinal endoscopy at October 2009 showed scattered, a nodular lesion about 5 mm in size in the fornix. 
Color 2  Upper gastrointestinal endoscopy at November 2009 showed yellowish discolored lesion in the region of greater curvature of the body (arrow). 

武田健一，他論文
（本文76頁－77頁）

Color 1  Endoscopic view of the lesion. 
Color 2  Chromoendoscopic view of the lesion. 
Color 3  Pathological finding of the ESD specimen. Adenocarcinoma, sig > por, 25 × 15 mm, ln (+), vm (+). (solid blue line : wideness of the cancer, red dot–line : the range that cancer exist only submucosal layer). 

岩本真帆，他論文
（本文78頁－79頁）

Color 1-a  Endoscopic picture showed a deformity and mucosal notch at the pyloric region. 
Color 1-b  Endoscopic picture showed 2 type tumor by retroflexion method into the duodenal bulb. 
Color 2  Fresh resected specimen showed 2 type tumor about 38 × 21 mm in diameter. 
Color 3  Loupe view showed the tumor was located at the oral side from the Brunnel's glands and above the pyloric ring. 
Color 4-a  Pathological findings showed moderately differentiated adenocarcinoma. 
Color 4-b  Pathological findings showed that the tumor invaded with muscularis propria.
Color 1  Endoscopic findings show small ulcer and randwall similar to type 2 lesion, but, the color resembled normal mucosa with slight redness and erosion.

Color 2  Histopathological findings of gastric biopsy sample: Hematoxylin and eosin staining show small neoplastic cell which increased the chromatin and irregular nucleus form dyeing multiplied in the shape of alveolar form.

Color 1  a: Endoscopic findings showed a deep ulcer with gentle ulcer mound in the posterior wall of gastric body. b: Endoscopic findings showed reduction of the ulcerative lesion.

Color 2  a: Histological examination of biopsy specimen showed spindle tumor cells and mitosis (H&E stain, ×40). b: Immunohistochemistry of biopsy specimen showed c-kit positive (×40).

Color 1  Endoscopic examinations showed multiple small polypoid lesions in the body of the stomach, which arose against a background of atrophic gastritis. All were diagnosed as carcinoid tumor based on the histology of the biopsy specimen.

Color 2  The tumor cells have nuclei of similar size and grow with alveolar and solid pattern (H&E stain ×10).

Color 3  The tumor cells stained positively for Grimelius.

Color 4  The tumor cells showed immunoreactivity for chromogranin A.

Color 5  The carcinoid tumors were shown to be regressed during follow-up treatment.
症例 漆野耕靖，他論文
＜本文88頁－89頁＞

Color 1  Endoscopic view.
Color 1-a Pre balloon-occluded retrograde transvenous obliteration (BRTO).
Color 1-b One day after BRTO.
Color 1-c Two months after BRTO.

症例 石井敬人，他論文
＜本文90頁－91頁＞

Color 1  Upper gastrointestinal endoscopy.
Color 2  Endoscopic findings of small intestine.
Color 3  There were several white nodules at his peritoneum (arrow).
Color 4  Histological findings of peritoneum.

症例 西尾みどり，他論文
＜本文92頁－93頁＞

Color 1  Endoscopy showed bleeding by the metallic needle in the duodenal second potion.
Color 2  Successfully endoscopic extraction of the metallic needle.

症例 新井万里，他論文
＜本文94頁－95頁＞

Color 1  Endoscopic picture reveals multiple whitish granular lesions around the papilla of Vater.
Color 2  Endoscopic picture shows a cluster of multiple whitish granular lesions in the second portion of the duodenum.
**Color 1**  Endoscopic findings showed A1 stage ulcer at the anal side of papilla Vater.
The swelling was recognized around the ulcer probably due to inflammation, and the vessel was exposed at the bottom of the ulcer. The duodenal ulcer appeared unchanged after fasting and prescription of PPI for 6 days.
**Color 2**  Histopathologic finding of the specimen showed venous vasodilation and rupture of the elastic fibers.

**Color 1**  Endoscopic biopsy shows neoplastic follicle of the duodenal follicular lymphoma. 1A : HE staining. 1B : Immunohistochemical staining of MIB-1.

**Color 1**  Conventional endoscopy using white–light. A white small elevated lesion (less than 1 cm) was observed in the duodenum opposite the duodenal papilla.
**Color 2**  Magnifying endoscopy using white–light. Irregular unequal villous structures with a white rim were observed.

**Color 3**  Magnifying endoscopy with narrow–band imaging. Meandering irregular vessels demonstrating an unequal caliber in their villous structures were clearly observed. Irregularities in the superficial mucosal findings were also more clearly revealed.
**Color 4**  Histological findings with middle magnification. Although the villous structures were observed, the ductal structures were swollen and showed irregular fusions, which thus resulted in the swelling of the villous structures and clearly showed them to differ from normal villous structures. There were many irregular vessels demonstrating an unequal caliber.
**Color 5**  Immunohistochemical findings. Although the neck zone of non–tumor lesion was positive for MIB–1 staining, the MIB–1 labeling index of the tumor lesion had increased and MIB–1 positive cells were observed through the surface area. P53 staining was weakly positive in the area with structural abnormalities.
Case 1: Endoscopic pictures showed adenoma of major papilla (a), after strangulating with snare (b), the tumor was cut down (c), and plastic stent was inserted in common bile duct (d).

Case 2: Endoscopic pictures showed adenoma of minor papilla (a), the tumor was cut down with snare (b). Adenoma of the third portion of the duodenum (c), the tumor was cut down with snare (d).

Case 1: DBE showed multiple shallow erosions, reddishness and stenotic lesion in the ileum.

Case 2: Surgically resected specimens showed the increased wall thickness, disappearance of kerckring's folds and long segmental stenosis in the ileum.

Case 1: The terminal ileum after the first balloon dilatation with a double balloon enteroscope.

Case 2: After the second balloon dilatation, ulcer was seen in oral side of the stenosis.
**Case**  
**Shizuma K., His paper**  
(From page 110 to 111)

**Color 1**  
Histopathological finding of EUS-FNA specimen shows spindle-like proliferation with c-kit positive cells.

**Color 2**  
The resected specimen (It is the rectum, the tumor, the small intestine from the left).

**Case**  
**Sakuragi H., His paper**  
(From page 112 to 113)

**Color 1**  
Abdominal CT findings showed a large duodenal diverticulum located in the descending part of duodenum.

**Color 2**  
A single balloon enteroscopy by a transoral route was performed. We could not find a bleeding lesion.

**Color 3**  
An abdominal angiography was performed. It could not find the bleeding sign.

**Color 4**  
After a capsule enteroscopy, the single balloon enteroscopy by a transanal route was performed. We diagnosed the healing ulcer at about 30cm oral from Bauchin’s valve.

**Case**  
**Kasahara H., His paper**  
(From page 116 to 117)

**Color 1**  
Colonoscopy (a) and capsule endoscopy (b) showed multiple mucosal injury located at the small intestine.

**Color 2**  
The pathological examination of the biopsied specimen showed dilatation of the lymphatic vessels, and massive lympho-plasmacytic infiltration (H.E. stain × 10).

**Case**  
**Kato H., His paper**  
(From page 118 to 119)

**Color 1-a**  
Colonoscopic findings revealed many tissue papers in the sigmoid colon.

**Color 1-b**  
Colonoscopic findings revealed edematous mucosa and shallow ulcers in the sigmoid colon.

**Color 2**  
Colonoscopic findings revealed longitudinal ulcer scars.
**症例 大塚洋子，他論文**

 perilosasurpriza<本文120頁－121頁>

 **Color 1** Colonoscopic findings showed ulceration on the ileocecal valve. It was possible to diagnose it as tuberculosis by the biopsy from ulceration (× sign).

 **Color 2** Histological finding of biopsy specimen is positive for tubercle bacilli (Ziel–Neelsen stain ×1000).

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**症例 田島一美，他論文**

 perilosasurpriza<本文124頁－125頁>

 **Color 1** Colonoscopic finding of the recto–sigmoid junction shows erosions and reddish mucosa with mucous and pus.

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**症例 阿部裕之，他論文**

 perilosasurpriza<本文126頁－127頁>

 **Color 1** Endoscopic findings showed the Dieulafoy’s lesion of the ascending colon.

 **Color 2** Endoscopic findings after hemoclippping.

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**症例 高橋 玄，他論文**

 perilosasurpriza<本文128頁－129頁>

 **Color 1** A lipoma protruding from the mucosal defect.

 **Color 2** The lipoma after 5 days from EU. Protruding was stopped and mucosal healing was started.
症例
上野卓教，他論文
＜本文130頁－131頁＞

Color 1-a  Color 1-b  Color 2  Color 3
Color 1-a, b Colonoscopy showed erosion and redness on the mass. The lesion almost obstructed the whole lumen.  
Color 2 The cut surface of the mass was yellowish in color.  
Color 3 Pathological findings revealed lipoma with mature adipose tissue (HE stain).

症例
森山友章，他論文
＜本文132頁－133頁＞

Color 1 Colonoscopy showed a pedunculated polyp in the sigmoid colon.  
Color 2-a Colonoscopy revealed a sessile translucent tumor measuring 3 cm in size in the transverse colon.  
Color 2-b The shape of the lesion was altered by compression with forceps.

症例
小川 修，他論文
＜本文134頁－135頁＞

Color 1 Hematogeneous metastatasis in the sigmoid colon.  
Color 2 Peritoneal carcinomatosis with colonic invasion in the sigmoid colon.

症例
北川智之，他論文
＜本文136頁－137頁＞

Color 1-a  Color 1-b  Color 2-a  Color 2-b  Color 2-c
Color 1-a Endoscopic view revealed a elevated lesion with smooth surface, measuring 15mm in diameter.  
Color 1-b Endoscopic view with indigocarmine dyespraying: Cushion sign was negative.  
Color 2-a Magnified view of the specimen: The cut end was negative for tumor cells.  
Color 2-b Spindle cells were arranged in interlacing bundles.  
Color 2-c α SMA staining showed positive reaction.
症例 桜本俊行，他論文
<本文138頁－139頁>

**Color 1** Endoscopic picture shows tumor of sigmoid colon.
**Color 2** Histological finding shows melanin in hypodermal tissue.

症例 深田浩大，他論文
<本文140頁－141頁>

**Color 1-a** (left lobe), **b(right lobe)** Intraoperative laparoscopic image shows diffuse yellowish-white nodules on the both lobes.

症例 松浦芳文，他論文
<本文142頁－143頁>

**Color 1** 7Fr stent incomplete occlusion.
**Color 2** Two stent (7Fr, 8.5Fr) were replaced.

症例 丸岡直隆，他論文
<本文144頁－145頁>

**Color 1** White stone had been incarcerated in the papilla.
**Color 2** After crushing, pancreatic stone removed with the basket.
色例 1
Peroral cholangioscopic appearance of the mass.

色例 2
Macroscopic and microscopic pictures of the resected specimen.

症例 1
Endoscopic finding showed bulging of gastric wall due to pancreatic pseudocyst.

症例 2
Endoscopic view of stent and nasocystic catheter.

症例 3
Endoscopy showed the major duodenal papilla with strong inflammation.

Inflammation of the major duodenal papilla has abated.