臨床研究 川田研郎，他論文 ＜本文44頁－47頁＞

Color 1-a A case of hypopharyngeal cancer detected by the Valsalva maneuver using transnasal endoscopy.
Color 1-b FICE imaging.
Color 2-a A case of hypopharyngeal cancer located at right piriform sinus.
Color 2-b The visualization was improved by the Valsalva maneuver.
Color 2-c FICE imaging.
Color 2-d The image was enhanced by FICE. Pathological studies on the resected specimen revealed a squamous cell carcinoma, 30 × 20mm, T1 (Sep), ly0, v0.

臨床研究 浦野原幸治，他論文 ＜本文48頁－52頁＞

Color 1-a Triamcinolone suspension should be injected to submucosa as make a protuberance.
Color 1-b Triamcinolone suspension spread to esophageal muscular layer was observed as a yellowish line through submucosa.
Color 2-a Chromoendoscopy with iodine staining showed an esophageal squamous cell carcinoma occupied semi-circumferential space in middle thoracic area.
Color 2-b The first ETI was performed immediately after ESD.
Color 2-c 7 days after the first ETI, the spots triamcinolone suspension injected were recognized as yellowish deposits. The second ETI was performed to the other place to avoid such yellowish spots.
Color 2-d 6 weeks after the second ETI, there was no stricture.
**Color 1**  Endoscopic view showed a shallow depressed lesion on the anterior wall of the antrum.
**Color 2**  Magnified NBI endoscopic view in the yellow box of Color 1 the micro vessels of the depressed area revealed “irregular vessels”.
**Color 3**  Endoscopic view showed a red depressed lesion on the anterior wall of the antrum.
**Color 4**  Magnified NBI endoscopic view of the yellow box in Color 3 irregular vessels were not seen.
**Color 5**  Endoscopic view showed a white elevated lesion on the lesser curvature of the body.
**Color 6**  Irregular vessels were not seen.

**Color 1-a**  Endoscopic examination revealed a Dieulafoy–like type ulcer at lower rectum.
**Color 1-b**  1 week after hemostatic treatment (clipping had been performed to a exposed vessel).
**Color 1-c**  1 month after endoscopic hemostatic treatment, the ulcer bed was enlarged and rebleeding occurred.
**Color 1-d**  Although per anal suturing and IVR, hemostasis was failed.

**Color 1-a**  The lesion in the right piriform showed an indistinct vascular pattern with some white bulge and faint redness.
**Color 1-b**  By NBI, the lesion was a brownish area (BA) with atypical vessels.
**Color 1-c**  The lesion in the left postcrioid region showed redness and dimpling.
**Color 1-d**  The dimpling showed a BA by NBI.
**Color 2-a**  A lesion consisting of rough nodular ridges in the right piriform. The lesion wasn’t picked up by the endoscopist. Type 0–I + II a.
**Color 2-b**  2 years later, the lesion was apparently an invasive cancer.
症例  渡邉利泰，他論文  
＜本文74頁－75頁＞

Color 1  Endoscopic findings showed detachment of lower esophageal mucosa.

症例  塩 秀暉，他論文  
＜本文76頁－77頁＞

Color 1  Endoscopic findings showed ulcer in the pharyngoesophageal junction to EG junction, especially, showed a particularly strong inflammation of the midthoracic esophagus 27cm from incisor.
Color 2  After 8 days after admission endoscopic findings showed improvement of the ulcer without leaving a stenosis.

症例  德永周子，他論文  
＜本文78頁－79頁＞

Color 1  Endoscopic findings on the second day after EIS showed a large intramural hematoma.
Color 2  Endoscopic findings on the 19 days later, the hematoma reduced (a) and a shallow ulcer was observed (b).
Color 3  Endoscopic findings on the 33 days after the treatment, the hematoma disappeared.

症例  乾山光子，他論文  
＜本文80頁－81頁＞

Color 1  Endoscopic findings showed an esophageal perforation after endoscopic balloon dilation.
Color 2  Endoscopic findings showed that was observed endoscopically mediastinum.
### Case 1

**Color 1** Esophagoscopy showing the marked stenosis of the upper esophagus due to esophageal cancer.

**Color 2** Tracheoscopic findings revealing tracheal invasion from the esophageal cancer.

### Case 2

**Color 1** Microscopic finding. 
- a: Antrum (hematoxylin and eosin, × 20). 
- b: Body (hematoxylin and eosin, × 20). 
- c: Antrum (immunostaining, × 40).

**Color 2** Microscopic finding.
- a: Antrum (hematoxylin and eosin, × 20). 
- b: Body (hematoxylin and eosin, × 20). 
- c: Antrum (immunostaining, × 40).

### Case 3

**Color 1** The picture is an spurting bleeding at fornix.

**Color 2** The picture is achieved by electrocoagulation with hemostatic forceps under endoscopy.

### Case 4

**Color 1** Endoscopic finding showed the mucosal laceration with bleeding in the lesser curvature.

**Color 2** Endoscopic finding showed seven lacerations in all with the hemoclips.
症例 草野 武，他論文
＜本文90頁－91頁＞

Color 1  Double balloon enteroscopy showed shortening and edema of the villi from the duodenum to the jejunum.
Color 2  Histological findings by the Azan stain of the biopsy specimen showed eosinophilic infiltration in the duodenal mucosa.
Color 3  Magnifying colonoscopic findings showed shortening and edema of the villi in the terminal ileum.

症例 羽生有里，他論文
＜本文92頁－93頁＞

Color 1  a Emergency endoscopy showing hemorrhagic ulcers over the gastric submucosal tumor (a). The hemorrhagic points were successfully stopped bleeding by electrocoagulation (b).
Color 2-a, b The resected specimen showing a smooth, solid, semispherical tumor covered with gastric mucosa (60 mm in size).
Color 2-c  Histopathological findings revealed a mature adipose tissue covered with gastric mucosa.

症例 木村麻衣子，他論文
＜本文94頁－95頁＞

Color 1  Histopathological findings : extracellular deposit of an amorphous, acellular, eosinophilic substance, giving a red/green birefringence under polarized light, located in the submucosa. Immunohistochemical staining shows AL-type amyloidosis.
**Color 1–a, b** Endoscopic images. Endoscopy showed a slightly pale, depressed lesion in the upper body of the stomach. a: White light. b: Acetic acid indigocarmine mixture.

**Color 1–c, d** NBI images. c: Fine network pattern was observed on flatly depressed lesion. d: Demarcation line was observed on the border.

**Color 2** Histopathological findings of the lesion.
a: Hematoxylin and eosin stain × 100. b: Ki–67 stain × 40. c: p53 stain × 100.

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**Color 1** Conventional endoscopic findings.

**Color 2** Pathologic finding hematoxylin and eosin stain.
症例 葛西 豊高, 他論文
＜本文100頁－101頁＞

**Color 1-a** Conventional endoscopy showed about 5 mm white flat elevated lesion (yellow arrow) which intermingled with hyperplastic polyps (yellow circles).

**Color 1-b** Magnifying endoscopy with NBI showed mesh pattern.

**Color 2** Macroscopic findings. The resected specimen revealed flat elevated lesion. It was 5 × 4 mm in size.

**Color 3** Microscopic findings. The histology of the target area revealed well differentiated carcinoma occupied mucosal area, and invaded to submucosal layer.

症例 曾絵里子，他論文
＜本文102頁－103頁＞

**Color 1** Endoscopy in previous hospital showed an irregular shaped ulceration with marginal elevation in the greater curvature of lower gastric body.

**Color 2-a** Eight weeks after administration of lansoprazole, endoscopy in our hospital revealed only an ulcer scar.

**Color 2-b** With indigocarmine dye spraying, there was no finding of suggesting malignancy.

**Color 3** Resected specimen showed a submucosal (SM) invasive cancer (red line) with ulcer scar (blue line).

**Color 4** Pathological finding revealed a moderately differentiated adenocarcinoma with SM invasion (1,100μm).
**Color 1**

a, b: Conventional and indigo carmine dye spraying endoscopic findings; submucosal tumor (SMT) 15mm in size was revealed at near the posterior wall of the middle body of the stomach on the greater curvature side, and white elevation was revealed at the surface of the SMT.

c: Magnifying endoscopy with NBI findings; loop pattern was revealed around the difference in size white zone.

d: Magnifying endoscopy with NBI findings; demarcation lines is clear.

**Color 2**

a: Surgical specimen findings; SMT 15mm in size was revealed at near the posterior wall of the middle body of the stomach on the greater curvature side.

b: Surgical specimen findings; white tumor 20mm in size was revealed at the submucosa.

c~e: Histological findings; were positive for tumor cells immunohistochemical staining of chromogranin A (a), synaptophysin (b), CD56 (c).

**Color 3**

a: Histological findings; in the hematoxylin eosin staining, there were intramucosal well differentiated tubular adenocarcinoma and NET within the submucosa.

b, c: Histological findings; the boundary between NET and adenocarcinoma was clear. No transitional change was revealed.

d: Immunohistochemical staining of Ki-67; Ki-67 score was about 5% at the NET.
症例 佐久間大，他論文
＜本文106頁－107頁＞

Color 1 Conventional endoscopy using white-light. A white small elevated lesion (more than 10 mm) with central depression was observed at the anterior wall in the greater curvature of antrum of the stomach.
Color 2 Magnifying endoscopy with narrow-band imaging. Corkscrew irregular vessels were clearly observed. Irregularities in the superficial mucosal findings were also more clearly revealed.
Color 3 Endoscopic finding after spraying indigocarmine.
Color 4 Microscopic findings.
a : Low power view of the cross section showing Type I + II c.
b : Only the undifferentiated histological type (signet ring cell carcinoma and poorly differentiated adenocarcinoma) can be seen at the specimen.

症例 和田有美子，他論文
＜本文108頁－109頁＞

Color 1 Endoscopic picture of the some erosions in body and angular region.
Color 2 Gastric biopsy shows non-caseating granulomas with multinucleated giant cells.

症例 平山信男，他論文
＜本文110頁－111頁＞

Color 1 Endoscopic view showed flat elevated lesions of gastric tube; proximal lesion was adenoma and distal lesion was adenocarcinoma (yellow arrows) histopathologically.
Color 2 Endoscopic view showed semipedunculated lesion of bulbus.
Case 1

Color 1-a Type II a+ II c gastric cancer, conventional endoscopic image.
Color 1-b Indigocarmine stain.
Color 2-a Type II a+ II c rectal cancer, conventional endoscopic image.
Color 2-b Indigocarmine stain.

Case 2

Color 1 3D-CT revealed duodenal varices with an inflow tract from the anterior inferior pancreaticoduodenal vein and outflow to the right renal peripheral vein.
Color 2 Endoscopy shows duodenal varices in the descending part of the duodenum.
Color 3 3 months after EIS, endoscopy shows histoacryl polymer and no further bleeding occurred.

Case 3

Color 1-a Endoscopic examination showed the hemorrhagic duodenal diverticulum.
Color 1-b Successful hemostasis performed using endoscopic clipping and injection of HSE with the transparent hood.
Color 2-a Re-bleeding was observed from the same part.
Color 2-b The bleeding was stopped by using the clips under the transparent hood again.

Case 4

Color 1 Esophagogastroduodenoscopy showed pulsatile bleeding from superior duodenal angle and submucosal tumor-like lesion at duodenal bulb.
症例 山本果奈，他論文 ＜本文120頁－121頁＞

Color 1  Endoscopic findings showed. (a) Multifocal gastric ulcer in the antrum. (b) Multifocal duodenal ulcer in second portion. (c) An actively bleeding in the descending part of duodenum. (d) Endoscopic hemostasis with hemoclips for spurting bleeding.

Color 2  Endoscopic findings post 5 times hemostasis. (a) Blood clot on the clips. (b) Plication is difficult to ulcer by the clips. (c, d) Plication by detachable snare.

症例 小野里康博，他論文 ＜本文122頁－123頁＞

Color 1  Case 1 : Conventional white-light endoscopy. A small elevated lesion with depressed area was observed in the second portion of duodenum opposite the duodenal papilla.

Color 2  Case 1 : Chromoendoscopy using indigo carmine. Surrounding elevated area was whitish, and central depressed area was slightly reddish.

Color 3  Case 1 : Magnifying endoscopy with narrow-band imaging. Irregular unequal villous structures with a white rim were observed more clearly. Villous structures of the central depressed area were smaller and less white color than surrounding elevated area. Irregular dilated vessels of unequal caliber were demonstrated in the central depressed area (circle).

Color 4  Case 2 : Magnifying endoscopy with narrow-band imaging. Villous structures were irregular and unequal caliber. The part of the surrounding elevated areas was whitish. In the unwhitish part of villous structures, dilated abnormal vessels were demonstrated.

症例 吉田良仁，他論文 ＜本文124頁－125頁＞

Color 1  The mucosa of descending colon was like a cobble stone appearance in the view of endoscopic findings.

Color 2  The single–balloon enteroscopy indicated the deep laceration and adipose tissue with bleeding when we observed descending colon.
**Color 1** An endoscopic finding in the ileum. Double balloon endoscopy reveals stenosis of the ileum accompanied with edematous mucosa.

**Color 2** Appearances of resected tissues. a : Macroscopic feature : The stenosis of the ileum caused by infiltrating tumorous lesion is seen. b : Microscopic feature : Dysplastic cell infiltration with abundant stromal deposition of extracellular matrix is observed in the ileal mucosa.

**Color 3** Immunohistochemical stains of the ileal tumor. a : CA125 staining. b : CK7 staining. Both stains are positive in dysplastic cells.

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**Color 1** Colonoscopic findings (A, B) and upper GI endoscopic findings (C, D).

A : A polyoid lesion (ϕ 5 mm) located at the sigmoid colon.

B : A submucosal tumor like elevated lesion (ϕ 2 cm) in the rectum (Rb).

C : Multiple elevated lesions (white arrow) at the pharynx and tongue base.

D : Multiple polypoid lesions in the lower esophagus.

**Color 2** Immunohistopathological findings of tongue base lesion showed CD3(−), CD5(−), CD20(+), cyclinD1(+). CyclinD1 staining coincided with the nucleus.

**Color 3** Upper GI endoscopic findings at relapse (A, B) and after 4 courses of C–MOPP chemotherapy (C, D).

A : Multiple polyoid lesions in the lower esophagus.

B : 25mm submucosal tumor like elevated lesion in the descending duodenum.

**Color 4** Colonoscopic findings at the time of relapse (A, B) and after 4 courses of C–MOPP chemotherapy (C, D).

A : Multiple polyoid lesions in the terminal ileum.

B : Submucosal tumor like elevated lesions at the ileocecal junction.
症例 | 小泉 亘，他論文
---|---
| 本文132頁－133頁 |

色1 | Ulcerative lesions with mucus and protruded lesions in the background of the inflammation induced by radiation proctitis.  
色2 | Histological examination shows invasion of atypical ductal cells above muscularis propria.

症例 | 合阪 晋，他論文
---|---
| 本文134頁－135頁 |

色1 | Cytokeratin stainings of the specimens showing CK-7 negative and CK-20 negative.  
色2 | a: Colon (CK-7, ×100), b: Colon (CK-20, ×100), c: Stomach (CK-7, ×100), d: Stomach (CK-20, ×100).  
色2 | a: Staging laparoscopy.  
色2 | a: Showing infiltration of cancer into subserosa of stomach. b: Showing dissemination on transverse colon surface.  
色2 | c, d: The tumor in the transverse colon seems to be performed from inside of subserosa.

症例 | 丹羽浩一郎，他論文
---|---
| 本文136頁－137頁 |

色1 | Colonoscopy showed 1 sp polyp with white spot in the sigmoid colon.  
色2 | Colonoscopy showed an ulcer scar with white spot in the sigmoid colon.  
色3 | Colonoscopy showed a scar in the sigmoid colon.

症例 | 別府加寿子，他論文
---|---
| 本文138頁－139頁 |

色1 | Endoscopic view of marked narrowing lumen with rough and oozing surface from rectum to sigmoid colon.  
色2 | Endoscopic view of marked narrowing lumen with rough surface and sporadic erosion from rectum to sigmoid colon.  
色3 | Histological finding of biopsy specimen taken from sporadic erosion shows a signet ring cell adenocarcinoma.
Color 1 Endoscopic finding shows radiation proctitis before the treatment.
Color 2 Endoscopic finding shows radiation proctitis treatment 6 months later.

Color 1 A single balloon enteroscopy findings showed a migrated biliary stent.
Color 2 A migrated biliary stent was 12cm long and straight type.

Color 1 Capsule endoscopic picture showing active bleeding.
Color 2 Double balloon endoscopic picture showing anastomosis of Roux–en–Y reconstruction (a), dilated veins of the afferent loop (b), and choledochoejunostomy (c).

Color 1 Operative view of laparoscopic management of common bile duct stones by transcystic ductal cholangioscopy and choledocholithotomy.
Symptom 1: Immediately after EST. No bleeding is observed. Removal of stones can be confirmed.
Symptom 2: Pulsating bleeding is observed from the apex of the EST site.
Symptom 3: Although the bleeding volume is reduced by local infusion of HSE, and clip application, hemostasis can be confirmed.

Symptom 1: Endoscopic findings showed the deep ulcer lesion of the duodenal bulb.

Symptom 1: Endoscopic finding of the papilla: The papilla is present in the duodenal diverticulum. Intubation of the bile duct was difficult.
Symptom 2: Rendezvous technique under PTGBD endoscopic imaging: a) Rendezvous of the guide wire and the catheter, c) papillotomy, d) balloon tipped catheter lithotomy, e) ERBD tube placement.

Symptom 1: Endoscopic findings showed erosion and reddish mucosa in the posterior wall of the gastric antrum.
Symptom 2: Macroscopic findings of the resected specimen showed a wall thickening of the gallbladder. The presence of a cholecystogastric fistula was confirmed.
**Color 1** Endoscopy finding in duodenal ampulla and ERCP.

a, b: 1st time. ERCP showed a filling defect (arrow head) 7 mm in diameter in the inferior bile duct.
c, d: 2nd time. Endoscopy finding showed polyp in ampulla and the filling defect disappeared.

**Color 2** Microscopic findings. The lesion showed serreted and stratified nuclears. But nuclear polar change is small and atypia grade is moderate. Final histological diagnosis was adenoma with moderate atypia.

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**Color 1**

The view of the anal side of the stenosis. The distance of stenosis to Vater’s papilla (arrows) was less than 2 cm.

**Color 2** Second endoscopy after 7 days showed improvement of duodenal stenosis by the SEMS. The papilla was intact (arrows).

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**Color 1** There is a diverticulum next to the major duodenal papilla. The orifice of the major duodenal papilla was opening with mucin secretion. Minor duodenal papilla was located in a diverticulum and its orifice was also opening with mucin secretion.

**Color 2** Histopathological finding of intraductal papillary mucinous adenoma.

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**Color 1** The resected tumor shows a solid and cystic tumor with necrosis and hemorrhage.

**Color 2** Histological section shows the tumor of spindle cell carcinoma (a, b). On immunohistochemical staining EMA shows the tumor cells to be negative, but vimentin shows the tumor cells to be positive (c: EMA, d: vimentin).