Case 6: Neither perforation nor migration are recognized during stent placement. Rs, Type3, 90×70 mm, circ, tub2, pSE, med, INFc, ly1, v1, pN0, pPM0(80 mm), pDM0(35 mm), Stage II.

Endoscopic view inside the WON cavity.
Endoscopic necrosectomy with biopsy forceps.

Four days after EPLBD, mild bleeding is present at the duodenal papilla.
Bilirubin calcium stone extraction.
症例
藤村 匠，他論文
＜本文80頁－81頁＞

Color 1

Type 0-Is + II b lesion in the right piriform sinus.

Color 2

Type 0-Ⅱa + Ⅱb lesion on surface of the tongue and vallecula.

Color 3

Endoscopic laryngo-pharyngeal surgery (ELPS) performed on carcinoma in the right piriform sinus and surface of the tongue and vallecula.

症例
小宮靖彦，他論文
＜本文82頁－83頁＞

Color 1

Case 1: Endoscopic image taken before APC, showing lesion unstained by iodine.

Color 2

a: APC procedure.
b: After removal of ablated epithelial layer, additional APC is performed on the lesion (Case 1).

Color 3

Case 1: Ablated lesion has scarred without stenosis 12 months after APC.

症例
森麻紀子，他論文
＜本文84頁－85頁＞

Color 1

A covered esophageal stent is inserted.

Color 2

Macroscopic examination of pathological autopsy showing passage between the right bronchi and esophagus. Fistula is sealed by the esophageal stent.
症例 加藤文彦，他論文  
＜本文86頁－87頁＞

Color 1  Esophageal varices before endoscopic therapy.
Color 2  After EVL.
Color 3  a: Spurting bleeding from P. varix. b: The bleeding was successfully controlled using an endoscopic clipping device.

症例 今村 潤，他論文  
＜本文88頁－89頁＞

Color 1  Upper gastrointestinal endoscopy showing large submucosal hematoma of the esophagus.
Color 2  Laryngoscopy showing swollen epiglottis due to submucosal hematoma.
Color 3  Subcutaneous hematoma observed in the cervical region.
Color 4  Upper gastrointestinal endoscopy showing wide ulceration in the esophagus.

症例 田崎修平，他論文  
＜本文90頁－91頁＞

Color 1  Endoscopic images of the esophagus showing rough whitish mucosa, loss of vascularity, and linear furrows and mucosal rings.
Color 2  Histopathological findings of biopsy specimens. The specimens show a marked eosinophil infiltration (arrowheads) of the esophageal squamous cell layer (more than 50 eosinophils per high power field, HE staining. × 400).
**Case 1**

松野高久,他論文

&lt;本文92頁－93頁&gt;

**Color 1**
Upper gastrointestinal endoscopy images show narrowing (arrow) and food residue approximately 38 cm from the incisors.

**Color 2**
Upper gastrointestinal endoscopy images. a: Microwave coagulation therapy applied to the narrow part of the esophagus.
b: Endoscopy image taken 15 weeks after microwave coagulation therapy shows no recurrent narrowing.

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**Case 2**

伊藤周二,他論文

&lt;本文94頁－95頁&gt;

**Color 1**
Endoscopic images on day of admission showing diffuse edema and swelling of the esophagus. It is not distended by air from the endoscope, and there is no abnormality visible on the mucosal surface. a : upper, and b: lower parts of the esophagus.

**Color 2**
Endoscopic image of esophagus on the eighth day of hospitalization, showing submucosal dissection in upper part of the esophagus (a) and a false channel in the esophagus. There is no evidence of connection to the mediastinum or trachea. Edema and bleeding are seen in the false part of the esophagus, and in the upper part of the false channel there is some regenerative mucosa.

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**Case 3**

楠原光謹,他論文

&lt;本文96頁－97頁&gt;

**Color 1**
EGD demonstrated submucosal dissection and mucosal bridge from the middle to lower thoracic esophagus. a : Middle esophagus, b : Lower esophagus.
Color 1 a: Endoscopy showing a flat elevation with central protrusion (lesion 1, circle) and a shallow depression (lesion 2, arrow) in the antrum. b: Resected specimen of lesion 1 showing SM invasive cancer with negative margins.

Color 2 a: Endoscopy showing local recurrence one year after ESD. b: Resected specimen showing subserosally invading cancer.

Color 1 a: Endoscopic image from previous hospital showing a type 3 tumor at the greater curvature on the posterior wall of the gastric middle body. b: Endoscopic image taken in our hospital showing regurgitation of watery stool at the greater curvature of the gastric middle body.

Color 2 a: Resected specimen showing a type 3 tumor, measuring 70×70 mm. b: Tumor penetrating the transverse colon at two sites.

Color 1 An undifferentiated type 0-Ⅱ c lesion on the lesser curvature of the lower gastric body.

Color 2 Histopathologically, the cancer extends to the level of the glandular neck within the lamina propria and is covered with normal crypt epithelium. a: Hematoxylin and eosin stain, ×40. b: PAS-Alcian blue stain, ×40. c: Hematoxylin and eosin stain, ×100.
症例 和気泰次郎, 他論文
＜本文104頁−105頁＞

Color 1 Endoscopic image showing a type 3 tumor lesion at the antrum of the stomach.
Color 2 Endoscopic image showing a scarred lesion after five years of treatment.

症例 落 裕太, 他論文
＜本文106頁−107頁＞

Color 1 Endoscopy image. Adenoma of main papilla.
Color 2 Upper gastrointestinal endoscopy. a : Type IIc lesion (approx. 5 mm) in the mid-posterior wall. b : Similar type IIc lesion (approx. 12 mm) in the upper posterior wall.

症例 中沢哲也, 他論文
＜本文108頁−109頁＞

Color 1 The first endoscopic findings show an elevated lesion 6 mm in size with the surface covered by normal gastric mucosa.
Color 2 Forty days later, the lesion has enlarged to 12 mm in size with redness at the surface and a formed polypoid lesion with a depression at the center.
Color 3 Magnifying endoscopic findings show the unclear surface structure of the depression.
Color 4 Histological examination reveals lobular growth of capillary vessels with hyperplasia of endothelial cells.
Case 1 池宮城秀和,他論文

Color 1 a: Endoscopic image from 2010 showing a SMT of approximately 15 mm in diameter on the greater curvature of the antrum. b: Endoscopic image from 2012 showing SMT increased in size to approximately 20 mm in diameter, with a change in shape. 

Color 2 Histopathological specimens: spindle cell hyperplasia is seen as a storiform pattern. Inflammatory cells such as eosinophils and plasma cells are also seen (HE staining, ×20 (a) and ×50 (b)).

Case 2 伊東 傑,他論文

Color 1 On endoscopy at the time of admission, no active bleeding is seen. However, a Yamada type IV polyp of 11 mm in size is identified, with a coarse granular mucosa, and accompanied by white mucus in the cardia. The polyp's size had increased compared to examination two years previously, and other findings suggestive of a cancerous lesion included adhesion of white mucus and enhancement of mucosal irregularity. a: Endoscopy at time of admission. b: Image taken two years previously.

Color 2 a: Histological sections showing moderately differentiated tubular adenocarcinoma with intramucosal invasion. Tumor cells show columnar and cuboidal cytoplasm, and high grade nuclear atypia (HE staining, ×10). b: Foveolar hyperplastic polyp contains an edematous stroma and hyperplastic glands that are lined by foveolar epithelium (HE staining, ×10).
症例 吉野廉子, 他論文 ＜本文114頁－115頁＞

Color 1: Endoscopic image showing large submucosal hematoma on antrum of the stomach.
Color 2: Endoscopic examination performed 24 hours later showing disappearance of the hematoma and presence of an ulcerous lesion.
Color 3: Endoscopic image obtained on the next day of second admission showing recurrence of a large submucosal hematoma on the other side of antrum of the stomach.
Color 4: Microscopic appearance of the resected stomach. a: Amyloid protein deposition is observed in the muscularis mucosae and muscularis propria (low-power magnification, HE staining). b, c: Amyloid proteins are seen as deposits with orange color following Congo red staining (b, c: low- and high-power magnification, respectively).

症例 芦谷啓吾, 他論文 ＜本文116頁－117頁＞

Color 1: Endoscopy image showing an ulcer in midbody of the stomach.
Color 2: Endoscopy image showing an ulcer in transverse colon.

症例 森下慶一, 他論文 ＜本文120頁－121頁＞

Color 1: Endoscopic image showing bleeding from angioectasia in the upper body of the stomach.
Color 2: Endoscopic image showing scattered angioectasia in the stomach.
症例 森重健二郎, 他論文
＜本文122頁－123頁＞

Color 1  a: Endoscopy image with indigo carmine dye spraying (2007). Slightly elevated whitish lesion is seen in the 2nd portion of the duodenum. The lesion is 15 mm in size and appears to be accompanied by a scar. b: Endoscopy image with indigo carmine dye spraying (2012). The lesion has now changed to a slightly reddish color and is partially depressed.

Color 2  Magnifying endoscopy with narrow band imaging (ME-NBI). This demonstrates the irregular microvascular pattern of the lesion.

症例 小泉理美, 他論文
＜本文124頁－125頁＞

Color 1  Duodenoscopic image showing, (a) ulcerative tumor at the papilla and (b) fistula at the longitudinal fold of the papilla.

Color 2  Resected specimen. a: Macroscopic image showing ulcerative tumor and fistula (arrow) at the major papilla. b: Microscopically, the tumor shows a polypoid growth into the common bile duct and the main pancreatic ducts.

症例 山本慶郎, 他論文
＜本文126頁－127頁＞

Color 1  Endoscopy image showing a 5-mm 0–IIa tumor in the descending portion of the duodenum (initial biopsy).

Color 2  Histological image of the EMR specimen showing Brunner’s glands in the submucosal layer beneath the tumor (HE staining).
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<td><strong>Color 1</strong> Image taken during emergency upper GI endoscopy, showing bleeding varices in the second part of the duodenum. <strong>Color 2</strong> Endoscopic obliteration of the duodenal varices using N-butyl-2-cyanoacrylate (Histoacryl 0.5 ml) and lipiodol (0.3 ml).</td>
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<td><strong>Color 1</strong> Case 1: Capsule endoscopy revealing ulcerative lesion with bleeding. <strong>Color 2</strong> Case 2: Single-balloon assisted enteroscopy (SBE) revealing ulcerative tumor with marginal swelling. Border of the ulcer’s edge is sharp and the surrounding mucosa protrudes like a sub-mucosal tumor.</td>
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症例 貝田和賢，他論文
＜本文136頁－137頁＞

Color 1  Capsule endoscopy showing submucosal tumor in jejunum.
Color 2  Surgically resected specimen showing submucosal tumor with ulceration. Tumor is 30×30×40 mm in size.

症例 村上 昌，他論文
＜本文138頁－139頁＞

Color 1  Videocapsule endoscope image showing active bleeding and blood clot.
Color 2  Double balloon endoscopy revealing submucosal tumor accompanied by ulceration.

症例 永尾清香，他論文
＜本文140頁－141頁＞

Color 1  Capsule endoscopy revealing an ulcerative lesion in the upper jejunum.
Color 2  Single-balloon assisted enteroscopy revealing ulcerated lesion with prominent border in the upper jejunum. Margin of the ulcer is smooth and there is no epithelial neoplastic change.

症例 葛西豊高，他論文
＜本文142頁－143頁＞

Color 1  Case 1: Small bowel annular ulcer and stenosis.
Color 2  Case 1: Small bowel annular ulcer scar.
Color 3  Case 2: Irregular small bowel annular ulcer.
**症例** 西井 慎,他論文
＜本文144頁−145頁＞

**Color 1** Endoscopic image of the antrum on admission. Polypoid lesions with the appearance of salmon caviar can be seen. Background mucosa between polypoid lesions is reddish and edematous.

**Color 2** Endoscopic view of the antrum after nine months’ treatment. Almost all polypoid lesions have disappeared.

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**症例** 草野昌男,他論文
＜本文146頁−147頁＞

**Color 1** Endoscopic image showing sessile submucosal tumor with a pellucid and smooth surface on the ileocecal valve (a), and type 1 advanced cancer in the ascending colon (b).

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**症例** 阿部道子,他論文
＜本文148頁−149頁＞

**Color 1** a: HE staining showing tumor cells with highly eosinophilic cytoplasm, and irregular–shaped hyperchromatic nuclei of various sizes.

b: Immunostaining showing cells about 90% positive for Ki–67.

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**症例** 菅沼孝紀,他論文
＜本文150頁−151頁＞

**Color 1** Endoscopic features of colonic SMT. a: Conventional endoscopy (Case 1). b: Conventional endoscopy (Case 2).

**Color 2** Endoscopic features of colonic SMT. Conventional endoscopy (Case 3).
Color 1  Case 1: Conventional and magnifying colonoscopy images. a: A flat elevated lesion with multiple erosions is shown at the anterior wall of rectum. b: Type I pit pattern is shown in reddish part of the lesion.

Color 2  Case 2: Conventional and magnifying endoscopy images. a: An elevated lesion is shown at the left side of the rectal wall. Erosion and scar are seen at the lesion center. b: A uniform, slightly dilated type I pit pattern is shown in areas of the lesion without erosion.

Color 1  Immunohistochemical examination showing positive staining for CD20 in most lymphoma cells.

Color 2  Immunohistochemical examination showing light chain restriction. a: Staining for \(\kappa\) chain is negative. b: Staining for \(\lambda\) chain is negative.

Color 1  Histopathology of biopsy specimen shows architectural pattern of trabecular and anastomosing nests (HE staining, \(\times 100\)).

Color 2  Biopsy specimen showed a positivity of CD56 (CD56 Immunostaining \(\times 100\)).

Color 1  Laterally spreading tumor (LST) in transverse colon.

Color 2  Histological specimen showing Schistosoma japonica ova (arrows) in submucosal layer under adenomatous lesion of transverse colon (HE staining, \(\times 100\)).
**Case 1** Colonoscopy revealing approximately 20 mm–sized submucosal tumor in the descending colon.

**Case 2** Desmin immunohistochemistry staining positive cells inside the tumor tissue a brownish color (×100).

**Case 3** Colonoscopy showing a large pedunculated polyp originating from lower end of the cecum.

**Case 4** Histopathological examination showing low to high grade tubular adenoma, pN0, pHM0, pVM0 (HE staining, ×20(a), ×200(b))

**Case 5** Colonoscopy (CS) identifies the SMT approximately 15 mm in diameter at the base of the cecum.

**Case 6** Cystic lesion is located close to the vermiform appendix. There was no continuity between the two structures.

**Case 7** Cystic lesion consists of mucosa similar to that of the vermiform appendix.

**Case 8** Case 1: Colonoscopy performed on admission showing obstruction of the transverse colon.

**Case 9** Case 2: Colonoscopy performed on admission showing obstruction of the descending colon. Epithelial tumor is not observed.
症例 伊藤亜由美，他論文
<本文168頁－169頁>

Color 1 Colonoscopy showing thinning of the mucosa, sloughing of the epithelium and stricture of the lumen at sigmoid colon.
Color 2 These images show edema, bleeding, thickening of the wall of a small blood vessel, fibrinoid degeneration, a capillary vessel, and thrombus formation in submucosal tissue (a: HE staining, ×20, b: EM staining, ×20).

症例 成木良瑛子，他論文
<本文170頁－171頁>

Color 1 Histological examination of biopsy specimen taken from right leg showing patchy adipose tissue inflammation, mainly comprising lymphocytes, original magnification ×40(a) and ×400(b).
Color 2 Histological examination of biopsy taken from upper back, showing dense perivascular neutrophil infiltrates without vasculitis, original magnification ×40(a) and ×400(b).

症例 河上唯史，他論文
<本文172頁－173頁>

Color 1 Colonoscopy image taken at time of admission. Ascending colon has severe mucosal edema and colitis around the entire circumference, although the ileocoeal region shows normal mucosa.
Color 2 Colonoscopy image after three courses of infliximab treatment, demonstrating remarkable mucosal healing in the ascending colon.

症例 草野昌男，他論文
<本文174頁－175頁>

Color 1 Endoscopy image showing thick milky–white mucus coating the rectum (a) and pseudomembranous colitis–like coating of the sigmoid colon (b).
Color 2 Endoscopy image showing easily bleeding mucosa and shallow ulcer with indistinct vascular transparency in the transverse colon (a) and thick yellowish–brown coating in the ascending colon (b).
Color 1 Colonoscopy with indigo carmine spraying showing edematous and granular mucosa. a: Ascending colon, b: Transverse colon.

Color 2 Biopsy specimen from edematous and granular mucosa in the ascending colon showing the thickened subepithelial collagen band (a: HE stain, b: Masson’s trichrome stain).

Color 1 Colonoscopy image. Sigmoid colon mucosa has erosive lesions, swellings and stenosis.

Color 2 17 days after treatment, inflammation is improved.

Color 1 Colonoscopic image showing small orifice in transverse colon near hepatic flexure (black arrowhead).

Color 2 Purulent discharge is observed originating from the orifice.

Color 1 a: Microphotographs of *Giardia lamblia* (Gram stain, ×400). b: Microphotographs of *Giardia lamblia* (Wright-Giemsa stain, ×1000).
症例 砂山健一，他論文 ＜本文184頁－185頁＞

Color 1 Case 1: After treatment using ALTA injection and APC, swollen whitish mucosa is seen (arrowheads) and the exposed vessels are burned (arrow).

Color 2 Case 2: Colonoscopy after three days: Swollen whitish mucosa is present surrounding the lesion (arrow head). The lesion seared by APC is reduced (arrow).

症例 佐藤祥之，他論文 ＜本文186頁－187頁＞

Color 1 Endoscopy images show the rectal varices before treatment.

Color 2 Endoscopy after EIS shows complete disappearance of the rectal varices.

症例 富澤 稔，他論文 ＜本文188頁－189頁＞

Color 1 Surgical specimen of gall bladder. Surgical specimen showing Rokitansky-Aschoff sinus (arrow). Original magnification (a: ×20, b: ×100).

症例 二宮大和，他論文 ＜本文190頁－191頁＞

Color 1 Endoscope showing circumference of stricture in the transverse colon.

Color 2 Endoscope showing tight stricture in the upper duodenal angle.
**症例 佐藤 淑，他論文**  
<本文192頁–193頁>

**Color 1** PET-CT shows 2–[¹⁸F]–fluoro-2-deoxy-D-glucose uptake localized to the bile duct.

**Color 2**  

a : Histopathology image shows the tumor contains dysplastic spindle and gland cells (HE staining. ×100).  
b : There are adenocarcinoma cells at the basal part of polypoid lesion.

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**症例 芳賀祐規，他論文**  
<本文194頁–195頁>

**Color 1** Peroral cholangioscopic image showing inflammatory changes but no malignant findings.

**Color 2** Photomicrograph of gallbladder surgical resection specimen showing fibromuscular thickening of gallbladder wall with a high degree of calcification but no evidence of malignancy (HE staining).

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**症例 宮澤 巧，他論文**  
<本文196頁–197頁>

**Color 1** DBERC.  

a : Hepaticojejunostomy showed mild stricture (arrow),  
b : Hepatolith extracted from bile duct using basket catheter.

**Color 2**  

Hepatolith extracted from bile duct (scale: 1 mm).  
a : Bile duct stone,  
b : Coil extracted from bile duct stone.

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**症例 富澤 稔，他論文**  
<本文198頁–199頁>

**Color 1**  

Bleeding from a small gastric ulcer.  
a : Endoscopic image showing spurting bleeding stopped with clips (arrows),  
b : Multiple scattered small gastric ulcers (arrowheads) are seen four days after the clipping.
症例 佐藤悦基,他論文
＜本文200頁−201頁＞

Color 1  Bleeding from the papilla of Vater observed during endoscopic retrograde cholangiopancreatography.

症例 井上健太郎,他論文
＜本文204頁−205頁＞

Color 1  Peroral pancreatoscopic image showing opaque white anhistous cotton-like matter in the main pancreatic duct.

Color 2  Histopathological specimen showing the mass consisting of eosinophilic mucoid matter mixed with a few non-typical columnar epithelial cells (HE staining,×40).

症例 池内信人,他論文
＜本文206頁−207頁＞

Color 1  After insertion of the endoscope into the fluid corrections the stent is removed using biopsy forceps under direct viewing.

症例 渡邊 薫,他論文
＜本文208頁−209頁＞

Color 1-a  Fine-needle aspiration biopsy of the pancreatic tail mass. a: Hematoxylin–eosin stained sections showing conspicuous thin-walled blood vessels in addition to inflammatory cells (original magnification×200). b: Immunostaining for CD8 demonstrated strong positivity in endothelial cells of the thin-walled vessels (original magnification×200). By correlating the pathological findings with the immunostaining result, we rendered the diagnosis of intrapancreatic accessory spleen.
症例 関根章成，他論文  <本文210頁−211頁>

**Color 1** Upper gastrointestinal endoscopy showing massive mucin production and enlargement of the orifice of the papilla of Vater.

**Color 2** Histological specimen showing of IPMC (HE stain, ×100).

症例 小嶋啓之，他論文  <本文212頁−213頁>

**Color 1** EGD image showing a pocket filled with milky-white liquid in the posterior wall of the gastric upper body.

症例 室井 歩，他論文  <本文214頁−215頁>

**Color 1** Red–brown discharge from the major duodenal papilla.

(表紙写真)
カプセルおよびバルーン内視鏡が診断に有用であった小腸GISTの1例
（永尾清香，他：左から）
Color 1 Capsule endoscopy revealing an ulcerative lesion in the upper jejunum.
Color 2 Single–balloon assisted enteroscopy revealing ulcerated lesion with prominent border in the upper jejunum. Margin of the ulcer is smooth and there is no epithelial neoplastic change. p.11. 本文p.140−141)