After circumferential incision, the hemoclip which was tied by dental floss is attached to the oral side of the resected mucosa.

Good visualization and tension of the submucosa were obtained when the oral side of the resected mucosa was pulled up to the gastric cardia.

Endoscopic images of Anisakis larvae in Case 4
(a) Moving Anisakis larva was found at the lower body of the stomach. (b) After the spray injection of l-menthol, Anisakis larva stopped moving and was easily grasped by forceps.

The basic strategy for nonampullary duodenal adenocarcinoma and adenoma in our center.
臨床研究
大隅寛木,他論文
＜本文 p.58－62＞

Color 1 軽度でT1b以深症例の内視鏡所見の特徴. a: 最大径30mm以上(66.6%), b: 陥凹(62.5%), c: Villous成分の小型化(54.1%),
d: ひだ上の局在(54.1%), e: 粗大結節(45.8%), f: 緊満感(37.5%), g: 白斑(20.8%).

臨床研究
三谷年史,他論文
＜本文 p.68-71＞

Color 1 Laterally spreading tumor–granular type in the lower rectum–a total circumferential lesion.
Color 2 Endoscopic submucosal dissection (ESD) was performed for the lesion, and involved total circumferential resection.
Color 3 No stricture was evident 12 months after ESD.

症例 安達哲史,他論文
＜本文 p.72-75＞

Color 1 Upper gastrointestinal endoscopy revealing pinhole stenosis of the anastomotic region.
Color 2 Closed fistula with no restenosis observed at one month after stent removal.
Color 1  a: Endoscopic imaging showed the presence of an artificial tooth in the pyriform sinus. b: The tooth was removed using a snare.

Color 1  a: Previous case of ELPS for hypopharyngeal superficial cancer without steroid injection in our hospital. b: Adhesion occurred after ELPS.
Color 2  a: Statement after steroid injection of this case. b: Adhesion have not occurred after ELPS with steroid injection.

Color 1  Endoscopic view of case 2.
Color 2  Resected specimen of esophageal ESD.

Color 1  Findings on upper gastrointestinal endoscopy: Massive blood clots were found in the stomach, and a gently-sloping protrusion with a fibrin clot-ike substance attached to a part of its base were seen in the esophagus. There was no distinct evidence of active bleeding that could cause hematemesis.
症例 鈴木統裕，他論文
＜本文 p. 92-93＞

Color 1-a Endoscopy image showing deep punched-out ulcer in the middle esophagus.
Color 1-b Endoscopy image showing lesion unstained by iodine.
Color 2 Endoscopy image showing healing of the esophagus ulcer.

症例 井澤直哉，他論文
＜本文 p. 94-95＞

Color 1 Esophagogastroduodenoscopy demonstrated an ulcer with marginal swelling in middle esophagus.
Color 2 Esophageal ulcer was improved after induction therapy for moderately active UC.

症例 窪澤陽子，他論文
＜本文 p. 96-97＞

Color 1 Esophagogastroduodenoscopy showed type 3 lesions affecting 2/3 of the circumference of the esophagogastric junction.
Color 2 a: Esophagogastroduodenoscopy shows submucosal tumor-like lesion with erosion in the upper part of the stomach. b: Flat submucosal tumor-like polypoid lesions were scattered in the duodenum.
症例 大前雅実，他論文
＜本文 p. 98-99＞

Color 1  a: Narrow band image showing 2 brownish areas in Barrett’s esophagus. b: White light image showing 2 reddish mucosa.
Color 2  a: Narrow band imaging showing a brownish area at the anal side of ESD scar. b: White light image showing unclear reddish mucosa.

症例 福馬有美子，他論文
＜本文 p. 100-101＞

Color 1  Endoscopy revealed a 0-IIc lesion about 23-26 cm from the incisor.
Color 2  Histological finding of tumor with HE stain. SCC existed in LPM, and there were a lot of hyperplastic lymphoid follicles under the cancer.

症例 山形寿文，他論文
＜本文 p. 102-103＞

Color 1  GS showed the presence of the battery in the stomach.

症例 山本果奈，他論文
＜本文 p. 104-105＞

Color 1  Endoscopic findings showed a 10 cm bezoar impacted in the stomach.
Color 2  After the dissolution therapy with Cola at 6 month, bezoar was softened. We were able to fracture the bezoar into pieces with a biopsy forceps and snare.
症例 赤井俊也，他論文
＜本文 p. 106-107＞

Color 1
a: Esophagogastroduodenoscopy (EGD) revealed an A1 stage hemorrhagic ulcer at the fornix. A visible vessel is shown by an arrow. b: An endoscopic hemostasis was performed by local injection of hypertonic saline with epinephrine and argon plasma coagulation.

Color 2
a: An Anisakis simplex was found at the base of the ulcer b: and removed with biopsy forceps.

症例 森川 淳，他論文
＜本文 p. 108-109＞

Color 1
Upper gastrointestinal endoscopy showed a submucosal tumor–like lesion measuring 20mm in diameter in upper anterior wall of the gastric body. The top of the lesion was a hyperplastic polyp–like.

Color 2
Pathological examination of the resected specimen shows the gastric mucosa invaginated downwards into the submucosal layer.

Color 3
a: A large amount of mucus was stored like a cyst between the cytoplasm. b: Part of the epithelial cell was severe nuclear atypia.

症例 田中昭文，他論文
＜本文 p. 110-111＞

Color 1
Endoscopic findings show multiple discolored lesions in the antrum of the stomach.

Color 2
HE staining shows atypical lymphoid cell infiltration and partially lymphoepithelial lesion (LEL) (high–power fields).

Color 3
Endoscopic findings show a discolored depressed lesion with redness in the fornix of the stomach.

Color 4
Endoscopic findings show a discolored lesion in the fornix of the stomach.
症例 水口貴仁,他論文
＜本文 p. 112-113＞

Color 1  Endoscopic findings of gastric cancer in the anterior of antrum, a: Conventional endoscopic image, b: Endoscopic image with Indigo Carmine dye spraying.

Color 2  a: Endoscopic image of the gastric antrum, b: Endoscopic image of the gastric body.

症例 森山友章,他論文
＜本文 p. 114-115＞

Color 1  The initial endoscopy showed a protruding lesion with peripheral flat elevation in the gastric antrum.

Color 2  The following endoscopy. a: The gastric tumor was circumferential and prolapsed into the duodenum. b: The tumor was tried to return to the stomach using a grasping forceps.

症例 田崎修平,他論文
＜本文 p. 116-117＞

Color 1  a: Endoscopy showed atrophic change on the greater curvature of the gastric antrum in June, 2012. b: Endoscopy revealed a depressed lesion like IIa + IIc of approximately 15 mm in diameter on the greater curvature of the gastric antrum in October, 2013.

Color 2  a, b: Preoperative endoscopy of 15 days later showed a steep rise of the lesion.
症例 由良昌大，他論文  
＜本文 p. 118-119＞

Color 1  Endoscopic finding at the time of ESD. The elevated lesion become larger and normal mucosa was drawn into the elevated lesion with the whitish substance.

Color 2  Histopathological examination: 0-Ⅰla, 9 × 8mm, muc > tub2, pT1b2, U1 (-), INFb, int, ly2, v0, pHM0. HE staining showed mucinous component below the elevated lesion.

症例 富澤 稔，他論文  
＜本文 p. 122-123＞

Color 1  Endoscopy. a: depression (arrow) was observed. b: size decreased after treatment with proton pump inhibitor.

症例 佐藤道子，他論文  
＜本文 p. 124-125＞

Color 1  a: Histological findings. b: Yellow square area shows poorly differentiated adenocarcinoma in about 2% of the lesion. 1c: Red square area shows papillary and tubular adenocarcinoma.

症例 岡本英子，他論文  
＜本文 p. 126-127＞

Color 1  Case 2: A flat depressed gastric tube cancer (GTC) on the linear scar.

Color 2  Case 2: The lesion was a moderately differentiated adenocarcinoma invading the submucosal layer, showing a lymphatic and vascular invasion and positive vertical margin.
Endoscopy shows a depressed lesion at the anterior wall of the lower gastric body.

Magnifying endoscopy with narrow band imaging shows irregular microvascular pattern only in the edge of the lesion.

Immunohistological examination of the ESD specimen: Immunological staining with anti-cytokeratin (CAM 5.2) shows that the cancer cells were in close proximity to the vertical margins (arrows).

Histopathological examination of the gastrectomy specimen (high magnification of the area indicated by the rectangle of Fig.2): Residual cancer cells had invaded the muscularis propria.

The cytoplasm of tumor cells contains glycogen, as can be demonstrated by PAS stain, that is digested with diastase.

Tumor cells are immunoreactive to the melanoma marker HMB-45.

Immunohistochemical findings. The tumor cells were immunoreactive for synaptophysin (a) and Ki-67 (b).

Esophagogastrroduodenoscopy revealed fistula in the duodenum.

Colonoscopy revealed fistula (arrow) in the transverse colon near the hepatic flexure.
症例 田中雅之，他論文
＜本文p. 136–137＞

Color 1  Endoscopic sphincterotomy was performed for removal of the CBD stones

症例 関根一智，他論文
＜本文p. 140–141＞

Color 1  ERCP showed retroperitoneum perforation.
Color 2  ERCP showed insert Fully covered biliary metal stent into common bile duct.

症例 金子仁人，他論文
＜本文p. 142–143＞

Color 1  The guidewire outside from the papilla has been caught by a forceps with the rendezvous technique through PTGBD route.

症例 有馬 功，他論文
＜本文p. 144–145＞

Color 1  Arterial hemorrhage occurred at the time of PTBD tube removal.
**症例 伊藤光一, 他論文**

*<本文 p. 148-149>*

**Color 1**  Esophagogastroduodenoscopy (EGD) on admission. Direct-viewing endoscopy revealed blood in the duodenum (a) and a clot in the duodenal diverticulum (b). Despite side-viewing endoscopy, the bleeding point was not detected (c).

**Color 2**  EGD on the second day of hospitalization revealed an ulcer in the duodenal diverticulum. There was no bleeding.

**症例 阿部正和, 他論文**

*<本文 p. 150-151>*

**Color 1**  a: Conventional endoscopic finding: A flat elevated lesion was shown in 2nd portion of the duodenum. b: Endoscopic finding with indigo carmine: there are no depressed or elevated parts on the surface of lesion.

**Color 2**  a: Conventional endoscopic finding: The flat lesion was shown in 2nd portion of the duodenum. b: Endoscopic finding with indigo carmine: The demarcation line of lesion can be shown.

**症例 苦瓜知佳, 他論文**

*<本文 p. 154-155>*

**Color 1**  Endoscopic view showing trimming of a duodenal metallic stent using argon plasma coagulation.
**Case 1**

症例 関場一磨, 他論文  <本文 p. 158-159>

Color 1  a: Esophagogastroduodenoscopy (EGD) revealed confluent whitish granules in the second (a) and also the third portion (b) of duodenum.

Color 2  Small bowel capsule endoscopy shows multiple whitish granules and white yellowish villi in the second (a) and the third portion (b) of duodenum.

**Case 2**

症例 中山花奈, 他論文  <本文 p. 156-157>

Color 1  a: Esophagogastroduodenoscopy (EGD) showed strong inflammation of the membranes narrowing the duct in the duodenal second portion. b: Double balloon endoscopy showed shallow ulcers with various kinds features sporadically found in the jejunum.

Color 2  Histopathological findings of the jejunum shows positive immunostaining cells for CMV antibodies (anti-CMV antibody staining × 400).

**Case 3**

症例 大崎篤史, 他論文  <本文 p. 160-161>

Color 1  An endoscopic view of the duodenal second portion shows a large elevated lesion with multiple whitish small granular protrusions.

Color 2  Histological findings of a biopsy specimen of the duodenal lesion. Hematoxylin and Eosin staining shows a diffuse medium-sized lymphocytic infiltration in lamina propria and the formation of the follicular structure consisting of large lymphocytes.

Color 3  An endoscopic view of the duodenal second portion shows regression of the lesion.
**症例 桑田 剛, 他論文**
＜本文 p. 162-163＞

**Color 1**  Endoscopy showed mild stricture without ulcer in terminal ileum.
**Color 2**  Film that had coated the patency capsule after it dissolved remained at the oral side of the stricture.

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**症例 吉田はるか, 他論文**
＜本文 p. 164-165＞

**Color 1**  Total colonoscopy reveals a submucosal tumor-like lesion covered by reddened and granulated mucosa at the terminal ileum.
**Color 2**  Microscopic examination of the induration specimen obtained by ileocecal resection reveals that ducts of the gland and interstitial structure similar to the endometrium infiltrate all layers of the ileum. (a) Hematoxylin and eosin staining (×125)  (b) Hematoxylin and eosin staining (×50)

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**症例 佐野 透, 他論文**
＜本文 p. 166-167＞

**Color 1**  Macroscopic findings a: The tumor perforated the small intestine 45 cm distal to the ligament of Treitz. b: The tumor measured 15×8.5×9cm and was a solid mass with abundant blood vessels.
**Color 2**  Immunohistochemical staining was strongly positive for c-kit.

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**症例 伊倉顕彦, 他論文**
＜本文 p. 168-169＞

**Color 1**  Double-balloon enteroscopy before the operation.
**Color 2**  Double-balloon enteroscopy in an enlarged visual field before the operation.
Color 1  Emergency colonoscopy revealed oozing bleeding from exposed vessels in a small ulcer in the terminal ileum (a), which was subsequently clipped (b).

Color 1  Colonoscopy revealed blood pooling at the cecum with oozing from the appendiceal orifice. 
Color 2  Victoria Blue stain and Elastica Van Gieson stain showed a rupture of a visible vessel of the appendiceal ulcer.

Color 1  Right colon volvulus and stenosis were found at colonoscopy.

Color 1  Endoscopic findings revealed a large, sigmoid diverticulum and multiple intradiverticular polyps. Yellow circle: inflammatory polyps; Blue circle: granulation polyps.
症例 平山亮一，他論文
＜本文 p. 178-179＞

Color 1 Colon tumor had prolapsed through the anus.
Color 2 The leading part of intussusception was the type 2 tumor in the sigmoid colon measuring 71 × 31 mm in size.

症例 矢部信成，他論文
＜本文 p. 180-181＞

Color 1 Colonoscopy revealed a 0 - II a + II c lesion in the ascending colon.
Color 2 Histological diagnosis was poorly differentiated adenocarcinoma invading the submucosal layer (2,110 μm) with vascular invasion and lymph node metastasis.

症例 鯨岡 学，他論文
＜本文 p. 182-183＞

Color 1 Colonoscopy shows type 2 tumor at the rectum.
Color 2 Puncture fluid shows Chyloous ascites.

症例 石川寛高，他論文
＜本文 p. 180-181＞

Color 1 Colonoscopy revealed a 0 - II a + II c lesion in the ascending colon.
Color 2 Histological diagnosis was poorly differentiated adenocarcinoma invading the submucosal layer (2,110 μm) with vascular invasion and lymph node metastasis.

症例 矢部信成，他論文
＜本文 p. 184-185＞

Color 1 Material of foreign body (a) Toy made of silicon, (b) Vibrator.
症例 富澤 琢,他論文
＜本文p. 186-187＞

Color 1 Pyoderma gangrenosum of both lower limbs.  
Color 2 Sigmoidoscopy showing active inflammation with severe redness, edema and several deep longitudinal ulcers in the sigmoid colon.

症例 椎名啓介,他論文
＜本文p. 188-189＞

Color 1 Complete obstruction of the anastomotic site after resection of recurrence progressive cancer.
Color 2 The enlarged hole was sufficient to enable free passage of the colonoscope.

症例 日原大輔,他論文
＜本文p. 190-191＞

Color 1 Endoscopic picture of the anal canal.
Color 2 Magnified endoscopic picture using the NBI view of the anal canal.

〈表紙写真〉(右)切開亜殻径50mmを超える直腸腫瘍に対するESDの妥当性の検討（三谷年史，他：Color 1 Laterally spreading tumor-granular type in the lower rectum—a total circumferential lesion. p.2, 本文p.68—71）
〈表紙写真〉(左)Barrett’s食道に生じた異時性多発Barrett’s食道腺癌にESDを施行した1例（大前雅実，他：Color 1 a Narrow band image showing 2 brownish areas in Barrett’s esophagus. b: White light image showing 2 reddish mucosa. p.5, 本文p.98—99）