**Parietal cell protrusion (Hematoxylin Eosin Staining, ×200)**

**Capsule Endoscopic imaging.** Capsule endoscopic image showed the intramural lesion with smooth overlying mucosa.

**Double balloon endoscopic imaging.** Double balloon endoscopic image showed the submucosal tumor.

**Colonoscopy revealed ulcerative lesions longitudinally scattered from the transverse through descending colon.**

**Histological findings showed mild congestion in the lamina propria, exfoliation of epithelium of the surface and it was consistent with ischemic change.**

**Colonoscopy at dayXX showed improvement of ulcerous lesion.**
Cavernous hemangioma could be found in the serosal side. Double-balloon endoscopy revealed Cavernous hemangioma (a). We performed India-ink tattooing and clipping at the counter side of the hemangioma (b).

Laparoscopic intestine excision was performed (a). An inflammatory polyp was resected (b).

Histological sections of specimens obtained by EUS-FNA (A) and surgery (B). a: Staining for Ki-67 index was positive (1-2%). b: Staining for Ki-67 index was positive (3-4%).

Findings on EUS. An EUS image, showing a hypoechoic mass, 30 mm in diameter. The inside of the mass was heterogeneous and included a calcification.

Epithelial detachment from the posterior wall of the pharynx. Blood blister formation due to endoscopic contact with the esophageal mucosa. Epithelial detachment was seen upon biopsy forceps excortications.
Color 1  Erosion surrounding the anastomotic site and mild stenosis with a flat bulge were observed by endoscopy.  
Color 2  Erosion and stenosis of the anastomotic site are reduced on endoscopic examination at 4 months after the surgery.

Color 1  a: There was a laceration in the mucosa at the level of the stricture immediately after the third dilatation. b: The stricture recurred with mucosal healing seven days after the third dilatation.  
Color 2  a: Distant view and b: close view seven days after the fourth dilatation with intralesional steroid injections. Stricture resolved and gastric mucosa could be peered into.

Color 1  a: White light image showing a reddish 0–IIc lesion. b: NBI showing brownish area.  
Color 2  a: ESD specimen with 0–IIc lesion. b: Histopathological examination: Squamous cell carcinoma, moderately differentiated, 0–IIc 18×11 mm, T1a–LPM, HM0, VM0, ly0, v0, INFb. (HE stain ×100).  
Color 3  a: White light image showing a reddish 0–IIb lesion. b: NBI showing brownish area.  
Color 4  a: ESD specimen with 0–IIb lesion. b: Histopathological examination: Squamous cell carcinoma, moderately differentiated, 0–IIb 8×8 mm, T1a–EP, HM0, VM0, ly0, v0. (HE stain ×200).
症例 水谷 勝，他論文
＜本文 p. 88-89＞

Color 1 A soft submucosal tumor was found.
Color 2 The tumor extended to pylorus.

症例 高城秀幸，他論文
＜本文 p. 90-91＞

Case 1: Endoscopic picture showing a pedunculated polyp measuring 20 mm in diameter at the lesser curvature of middle gastric body.
Case 2: Pathological findings showing inverted growth of mucosa and muscularis mucosa into the submucosal layer.

症例 安藤勝祥，他論文
＜本文 p. 92-93＞

Case 1: endoscopic image showing a 7 Fr pigtail tube for the internal drainage from the abscess cavity to the residual stomach.
Case 1. Placement of the supporting suture (a' : arrow) in the edge of remnant gastric wall made it easier for the assistant surgeon to grasp remnant gastric wall (a, a'). While the tumor was pulled caudally (b' : arrow), it was resected without mucosal incision of ESD adjacent to the EGJ (b, b').

Case 2. Two or three short gastric vessels were divided and the stomach wall was pulled caudally (a, a' : curved arrow). IT knife (arrow) was detected after full-thickness incision (b, b').

Gastroscopy. Initial gastroscopy revealed large gastric SMT which has irregular ulceration with hematin covered lesion.

Pathological findings. a : Endoscopic biopsy specimen showed the proliferation of spindle cell (HE stain×20). b : The spindle cells were c-kit positive, which were diagnosed as GIST (c-kit×20).

Gastroscopy 3 months later. Gastroscopy revealed reduction of the SMT size after imatinib treatment.
Color 1  a: The elevated lesion prior to Helicobacter pylori (H. pylori) eradication therapy.
b: The lesion six months after H. pylori eradication showing that the elevated lesion had become flat and indistinct.
c: The depressed lesion 12 months after H. pylori eradication.

Color 2 Magnifying endoscopy with narrow band imaging showing irregular microvessels with a clear demarcation line.

Color 1  Endoscopy showing 20 mm-sized reddish polyp at the greater curvature of the gastrectomy site of residual stomach.
Color 2  a: ME-NBI showing widened intervening part at the anal side, indicating a hyperplastic polyp. b: ME-NBI showing irregular surface and vascular structure at the oral side, indicating gastric cancer.
Color 3  ME-NBI showing gradual gradation between the hyperplastic lesion and cancerous lesion.
Color 4  Histological examination revealed the border of cancerous and foveolar epithelial cells (hematoxylin and eosin staining).

Color 1  Upper endoscopy showed a type 0-IIa + IIc early gastric cancer with massive submucosal invasion in the corpus of the Billroth I residual stomach. a: looking down image. b: looking up image.
Color 2  Histopathological findings disclosed moderately differentiated adenocarcinoma (HE staining).
Color 3  Histopathological findings revealed the tumor invading deeply the submucosa (loupe image, HE staining).
Color 1  After canceled strangulation, gastrointestinal endoscopy revealed the pedunculated polyp (a) which top was defected and had no erosions (b).

Color 2  Histological pictures loosely arranged reticular fibrils and infiltration by eosinophils (HE).

Color 1  Endoscopic view of duodenum. The polyp seemed derived from the duodenum, but its foundation was unclear.

Color 2  Macroscopically pedunculated polyp in the resected specimen derived from the gastric antrum, and head of the polyp prolapsed into the duodenum.

Color 3  Histopathologically of the pedunculated polyp in the resected specimen showing organized thick bundles of arborizing smooth muscle and a prominent pyloric glands. HE staining (×10, ×400).

Color 1  Endoscopy findings showed a diverticulum at the horizontal duodenum with an enterolith impacted in the diverticular cavity.

Color 2  A large quantity of pus was discharged when we carefully removed a impacted enterolith from the duodeanal dverculum by grasping forceps.

Color 1  Endoscopic findings of the duodenal lipoma in the anterior of bulb.

Color 2  The ESD specimen exposured the adipose tissue.
症例 小野寺翔,他論文
<本文p. 112-113>

Color 1 Non-bleeding visible vessels in the duodenum diverticulum.
Color 2 Hemostasis was achieved by clipping methods.

症例 中崎奈都子,他論文
<本文p. 114-115>

Color 1 Endoscopic findings. Erosion (a) and ulceration (b) of the duodenum.
Color 2 Purpura on the ankle.

症例 加嶋洋子,他論文
<本文p. 116-117>

Color 1 Endoscopic image showing a muco-submucosal elongated polyp of the duodenum. a : Head part, b : Neck part.
Color 2 Resected duodenal polyp resembling a half-sized sumo referee’s fan was 60 mm in length.
Color 3 HE staining findings. The polyp was covered with edematous mucosa and submucosa with dilated blood vessels and lymphangiectasia.

症例 落合彩子,他論文
<本文p. 118-119>

Color 1 a : ESD was performed on the duodenal submucosal tumor located at the anterior wall of the duodenal bulb. b : The submucosal tumor resected by ESD.
症例 石井剛弘,他論文
<本文p.120-121>

Color 1  Endoscopic papillectomy. 

- a: The papillary tumor.
- b: The tumor was stained with indigo carmine and was snared.
- c: EP was performed.
- d: Biliary and pancreatic stents were inserted.

Color 2  Endoscopic stone extraction after EP.

- a: The ulcer after EP had partially healed.
- b: The opening of the bile duct was dilated with a 6 mm balloon.

症例 古谷健悟,他論文
<本文p.122-123>

Color 1  Upper endoscopic image. 

- a: White light view.
- b: Magnifying view with NBI.

Color 2  The resected specimen.

- a: H&E staining ×20, b: ×100.

症例 馬越智子,他論文
<本文p.124-125>

Color 1  Upper gastrointestinal endoscopy. 

The mass with the ulcer was recognized in a pylorus ring from the antrum of stomach. Because there is a tumor, a scope does not pass a pylorus ring.

Color 2  The surgical specimen contained type 2 tumor measuring about 30 mm in diameter.

症例 佐藤 平,他論文
<本文p.126-127>

Color 1  A colonoscopy image showing a yellowish submucosal tumor of 8 mm in diameter located in the terminal ileum.

Color 2  Magnified narrow–band image showing dilated cyan–colored vessels. Magnified image after crystal–violet staining showing non–neoplastic findings on the epithelium.

Color 3  Histological image (HE staining, low power view) showing the invasion of tumor cell above the muscularis propria.
症例 青柳龍太郎,他論文
＜本文 p. 128-129＞

*Color 1* Double-balloon enteroscopic view of jejunum.
*Color 2* Histopathological finding (HE stain, ×40).
*Color 3* Immunohistochemical finding (CD34, ×40).
*Color 4* Immunohistochemical finding (D2-40, ×40).

症例 藤井徹朗,他論文
＜本文 p. 130-131＞

*Color 1* Capsule endoscopy demonstrates a submucosal tumor in jejunum.
*Color 2* Single-balloon enteroscopy showed a submucosal tumor with active bleeding.
*Color 3* Histopathologically, spindle-shaped tumor cells showed proliferation (HE staining). b : Immunohistochemically, C–kit was positive.

症例 宮内倫沙,他論文
＜本文 p. 128-129＞

*Color 1* Double balloon endoscopy to the duodenum showed lesions similar to the submucosal tumor. b : In the tract of the ligament of Treitz, Ulcer lesion bulging in all circumferences characteristics was detected to the proximal jejunum and mucosal parts made black (arrows : black mucosa).
*Color 2* Histopathology findings: (Hematoxylin and Eosin staining). There are the tumor cells with large Nuclears and blackish brown granules that is melanin in the high–power field.
Case 1

Endoscopic image showing hemorrhagic and rough colon mucous membrane. And they also showing many deep ulcers from ascending colon to transverse colon.

Histological examination of immunostaining section of the biopsy from ascending colon showed vascular endothelial cell infected by CMV (immunostaining).

Histological examination of the biopsy from transverse colon showed crypt abscesses (HE staining).

Endoscopic image showing filiform polyps at descending colon.

Case 2

Endoscopic picture showed segmental redness, vascular pattern loss of ascending colon (a), but the rectum was not involved (b).

Histological findings of biopsy specimens showed abundant inflammatory cell infiltration with crypt abscess (HE staining×20).

Endoscopic picture showed deterioration of mucosal inflammation at the age of 73 years (a), and mucosal healing at the age of 74 years (b).

Case 3

Colonoscopy showed that the mass had almost obstructed the whole lumen in the ascending colon. The mass had erosions and redness on the surface.

Colonoscopy showed that the mass had almost obstructed the whole lumen in the ascending colon.

Endoscopic snare polypectomy with Detachable snare was performed.

The cut surface of the mass was yellowish in color.

Histopathological examination revealed the tumor that composed of mature fat cell.
Colonoscopy performed immediately after examination showed multiple elevated lesions with smooth surface shaped as clusters of grapes in the leading part of intussusception.
**症例 松尾 海, 他論文**  
＜本文 p. 148-149＞

**Color 1** Colonoscopy revealed a 0-Is-type lesion measuring 6 mm in diameter. The top surface broke off and the submucosa seemed thick.

**Color 2** Chromoendoscopy with indigo carmine revealed two layers and the center was the main tumor.

**Color 3** Magnifying endoscopy with narrow band imaging (NBI) revealed a Type 2B stage according to the Japan NBI Expert Team classification.

**Color 4** The pit pattern revealed by crystal violet was VI with high irregularity.

**Color 5** Endocytoscopy revealed irregular or unclear duct with pseudostratified deeply dying nuclei (EC3b).

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**症例 市川亮介, 他論文**  
＜本文 p. 150-151＞

**Color 1** A 15-mm recurrent rectal tumor appeared a year after polypectomy.

**Color 2** Tumor resection with transanal minimally invasive surgery was performed.

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**症例 伊藤翔子, 他論文**  
＜本文 p. 152-153＞

**Color 1** a: The initial colonoscopy revealed a flat elevated lesion with slight depression measuring 7 mm in diameter with converging folds. b: Magnifying narrow band imaging (NBI) showed distorted and missing vessels on the tumor surface. c: Magnifying crystal violet staining showed a type VI like pit pattern on the tumor surface.

**Color 2** a: The second colonoscopy revealed only a scar. b: Magnifying NBI showed a regular pattern of vessels on the scar. c: Magnifying crystal violet staining showed a type I pit pattern on the surface of the scar.
症例 牧野晴嗣, 他論文
<本文 p. 154-155>

(a) Bluish nodular submucosal hemangioma between the rectosigmoid and anus. (b) Reddish and tense internal hemorrhoids in the whole anal circumference.

色1 Colonoscopy revealed only an inflammatory polyp in the anastomosis.
色2 Colonoscopy revealed erosion, redness and necrosis of the mucous membrane over the entire circumference of the descending colon.
色3 HE staining findings: Undifferentiated uterine body carcinoma.
色4 HE staining findings: Infiltration of the wall vessels by the uterine body cancer.

症例 鈴木雄一朗, 他論文
<本文 p. 156-157>

(a) Colonoscopy on admission revealed circular stricture in anastomotic part. (b) Colonoscopy at the last balloon dilation revealed improvement of stricture.

症例 青木 順, 他論文
<本文 p. 158-159>

(a) Bluish nodular submucosal hemangioma between the rectosigmoid and anus. (b) Reddish and tense internal hemorrhoids in the whole anal circumference.

色1 Initial colonoscopic findings. (a) Bluish nodular submucosal hemangioma between the rectosigmoid and anus. (b) Reddish and tense internal hemorrhoids in the whole anal circumference.
色2 Second colonoscopic findings. (a) Bluish nodular submucosal hemangioma with no bleeding similar to the previous condition. (b) Reddish and tense internal hemorrhoids in the approximately half anal circumference.
Color 1  Non-uniform expanded blood vessels in the surface of the mucosa with the magnifying Narrow band imaging.

Color 2  Magnifying endoscopya with crystal violet dye spraying showing type VI pit pattern mild irregular.

症例 上原一帆, 他論文  
＜本文 p. 170-171＞

Color 1  Three residual stones were confirmed under direct peroral direct cholangioscopy (the left photo). The residual stones were directly grasped and crushed with a 5-prong forceps, resulting in complete cure (the right photo).

症例 倉田 勇, 他論文  
＜本文 p. 168-169＞

Color 1  a: Cancer invasion in papillary area was not observed. b: Seeking catheter that were reached duodenum through cystic duct, common bile duct and papillary area from gallbladder. c: Papillary area that EST was performed.

Color 2  a : Parapapillary diverticulum was observed. Direction of bile duct was not assumable. b: Seeking catheter that was reached duodenum. c: EST was performed and lithotomy with basket catheter.

症例 栗田裕介, 他論文  
＜本文 p. 160-161＞

症例 栗田 裕介, 他論文  
＜本文 p. 160-161＞

Color 1  Endoscopic finding : there was no evidence of choledochoduodenal fistula.
**症例 小林克誠，他論文**

*<本文 p. 180-181>*

**Color 1**  a: Endoscopy shows an enlarged orifice of the papilla of Vater with mucous secretion.  
b: Endoscopy shows fistula formation between the duodenum and the cystic lesion.  
**Color 2**  Endoscopy shows the papilla of Vater after endoscopic sphincterotomy.
症例 井上健太郎, 他論文
＜本文 p. 184-185＞

Color 1  Histopathology showing the main and branch ducts of the pancreas head dilated and filled with mucus. The epithelia of the ducts show papillary proliferation (arrow) with moderate- to high-grade dysplasia, and no evidence of invasion. (H&E, orig. mag. × 4 )

Color 2  Near the ampulla of Vater, the epithelia of the common bile duct are hyperdysplastic, consistent with the flat protrusion observed in EUS. The sphincter of Oddi (arrows) surrounds the common bile duct (C) and the main pancreatic duct (P) separately. (H&E, orig. mag. ×1.25)

症例 安達哲史, 他論文
＜本文 p. 186-187＞

Color 1  The papilla was enlarged and hemorrhagic.

症例 伊藤雄介, 他論文
＜本文 p. 188-189＞

Color 1  Endoscopy showing duodenal stenosis caused by the annular pancreas.

Color 2  Macroscopic image showing annular pancreas (a) and pathological image showing invasive ductal carcinoma of the pancreatic head. HE stain, ×40(b).
症例 横瀬崇寛, 他論文
＜本文 p. 190-191＞

Color 1  Laparoscopic surgery showed peritoneal adhesions were mild.

症例 奥野奈央, 他論文
＜本文 p. 192-193＞

Color 1  Endoscopic view showing the papilla of Vater filled with pancreatic juice.
Color 2  Mucinous pancreatic juice specimen obtained.
Color 3  Microscopic view of a cell block obtained from pancreatic juice showing nuclear swelling and cells growing in a papillary pattern.

（表紙写真）(右) 胆管・十二指腸へ穿破し粘液性閉塞性黄疸を呈したIPMCの1例
（小林克誠, 他: Color 1 Endoscopy shows an enlarged orifice of the papilla of Vater with mucous secretion. p.16, 本文 p.180-181）

（表紙写真）(左) 術後胆汁漏に対する内視鏡治療の検討
（高野祐一, 他: Fig. 1 MRCP prior to surgery shows that the right anterior segment alone joins the common hepatic duct (yellow arrow). 本文 p.60-64）