Color 1  Endoscopic picture shows the polyp which had been ligated twice by the detachable snare.
Color 2  The detachable snares and residual stalk after resection is seen in the picture.

Color 1  Endoscopic view shows cyanotic varices, scanning with UMP, just after ligation with O rings.
Color 2  One week after EVL, endoscopic finding shows the ulcers with white coat.
Color 3  Color Doppler endoscopic ultrasonography reveals blood flow of perforating vein between varix and collateral vein before EVL.
Color 1  Endoscopic findings before sclerotherapy showing giant straight esophageal varix.
Color 2  Endoscopic findings 3 months after sclerotherapy showing that the giant straight esophageal varix was disappeared. The varix was not recurred 3 years after treatment.

Color 1  A: Electronic video-endoscopic picture shows esophageal varices at 1 month before admission. B: Endoscopic picture shows esophageal varices with bleeding. C: Endoscopic picture shows esophageal varices treated with EVL.
Color 2  A: Endoscopic picture shows gastric varices with bleeding. B: Endoscopic picture shows gastric varices treated with EVL. C: Endoscopic picture shows gastric ulcer at 1 week after EVL. D: Electronic video-endoscopic picture shows resolved gastric varices at 2 weeks after EVL.
**Color 1**  Effective case of log R/G image.
A: Conventional endoscopic examination.
B: Iodine staining.  C: Color elements of green only image.  D: Log R/G image.


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**Color 1**  Endoscopic picture: case 1.  Unstained area by iodine staining is seen on the anterior wall of the residual cervical esophagus.

**Color 2**  Endoscopic picture: case 2.  Flat and faint reddish lesion is seen on the hemicircle, right wall of residual cervical esophagus.  (A: Conventional observation.  B: Iodine staining.)
Color 3  Endoscopic picture: case 4. Depressed and small faint reddish lesion is seen on the right wall of the residual cervical esophagus. (A: Conventional observation. B: Iodine staining.)

Color 1  Hyperplastic polyp (Case 1). A: Magnifying electronic image. B: Dissecting microscopic view.
Color 2  Fundic polyp (Case 2). Magnifying electronic image.
Color 3  Gastric adenoma (Case 3). A: Magnifying electronic image. B: Dissecting microscopic view.
**Color 1** A: IIa+IIc type of early gastric cancer of 83-year-old man. This is an inoperable case. B: An ulcer about 30mm in diameter was taken with EMRC.

**Color 2** Resected specimen showing IIa+IIc type early gastric cancer about 20mm in diameter.

**Color 1** Endoscopic findings of sigmoid colon cancer (sm) revealed shallow depression.

**Color 2** Endoscopic findings of advanced rectal cancer (mp).

**Color 1** A: A 55-year-old male. Endoscopic picture reveals a reddish flat elevation (IIa+I) in the rectum. B: Dye-sparing technique made the surface more clearly visible.
Color 1 After liver tumor biopsy. Ethyle cyanoacrylate forms polymer at liver surface (arrow).

Color 2 After liver tumor biopsy. Ethyle cyanoacrylate forms polymer at liver surface (arrow).

Color 1 A: Some white coats in the posterior wall of inferior pharynx. B: Longitudinal mucosal redness and erosion in whole esophagus. C: Irregular erosive lesion was observed in distal esophagus.

Color 2 A: Brushing cytology showing an infiltration of neutrophiles and multinuclear giant cells which dyed light-green color. B: High power view of the multinuclear and ground grassic nuclei of the giant cells. C: Showing margination of chromatin in the nucleus.
Color 1  Endoscopic picture shows F1 blue varices with cherry red spot and red plaque. Active bleeding was not seen.
Color 2  No change in color of varices was noted after initial EVL.
Color 3  The color of varices changed to cyanotic after second band ligation.
Color 4  Gross appearance of the distal esophagus at the autopsy, 10 days after EVL. The mucosal defect (arrow) and the mucosal tag with necrosis was observed.

Color 1  Endoscopic examination of upper digestive tract.
← : Faded nodules in esophagus. → : Small white elevation.
Color 2  Immunohistochemical assay showed deposition of IgG in basement membrane.
Color 1 Resected specimen of the esophagus.

Color 2 An endoscopic picture of a IIA type early cancer, identified on the anterior wall of the antrum in the stomach tube.

Color 3 An endoscopic picture of a IIb type early cancer, identified on the posterior wall of the angle in the stomach tube.

Color 1 A: Endoscopic picture showing multiple polypoid lesions in the antral. B: Large pedunculated polypoid lesion in the cardiac region.

Color 1 Colonoscopic picture showing a nodular tumor with ulceration at the ileocecal valve.

Color 2 Macroscopic view of the resected specimen. The tumor at the ileocecal valve measured 1.5×1.0×1.0cm.

Color 1 Colonoscopic findings were erosions, redness and map-like irregular ulcerations from the rectum through the descending colon.

Color 2 Histological finding of biopsy specimen of the colon. Massive infiltrations of eosinophils in the colonic mucosa were seen. (HE stain, ×200)

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Color 1 Endoscopic picture of sigmoid colon.
Color 2 Macroscopic view of the resected specimen.

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Color 1 Colonoscopic view shows two elevated lesions; one is located at the part of transitional zone being lobulated and having an irregular surface, the other has SMT-like shape and is located on the oral side of that lesion. These two did not show black color which is the typical feature of melanoma.
Color 2 Resected specimen shows two tumors (main tumor on the dentate line and SMT-like lesion).
**Color 1** Colonoscopic examination showed an irregular mucosal pattern with easy bleeding in the rectum.

**Color 2** The argyrophil reaction stained by Grimelius’ method showed positive.

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**Color 1** PTCS showed a common bile duct stone. Malignant signs of the biliary epithelium were not found.

**Color 2** Histological finding showed chronic inflammation of the common bile duct wall. No malignancy was identified.

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**Color 1** Confluent erythema extends from face to legs. Profuse superficial crusting is associated with areas of erythema. (necrolytic migratory erythema NME)

**Color 2** Macroscopic view of the extirpated tumor.
Color 1 Low power view of cut section through tumor shows small tumor measuring 1.5cm arising from peripheral pancreatic duct (arrow).

Color 2 Histology verified moderately differentiated adenocarcinoma of the pancreas.

Color 1 Pictures of a plane chart at the same distance. A: GIF-XQ30, B: GIF-XQ20.

Color 1 Endoscopic picture shows the biopsy of the gastric mucosa using Radial jaw.
Color 1. Laparoscopic view of the Doppler probe placed to identify the cystic artery.

Color 1. Endoscopic findings of esophageal varices before EIS.


Color 2. An endoscopic view of esophageal granular cell tumor drawn into guide-tube for resection.

Color 1. Conventional endoscopy disclosed slightly elevated, yellowish lesions 1~3 mm in diameter in the middle esophagus (about 30 cm from incisors).

Color 2. Conventional endoscopy disclosed slightly elevated rounded granular, yellowish lesions 1~5 mm in diameter in the middle esophagus.

Color 1. Endoscopic finding showed an elevated lesion covered with normal mucosa, which suggested a submucosal tumor at the lower esophagus. The lesion was soft and easily depressed with a biopsy forceps.
Color 1 An endoscopic picture showing a submucosal tumor. The tumor is elastic soft, thumbtip sized and locates at 9 o'clock direction of the esophagus at about 25 cm distal from the incisors.
Color 2 The tumor is resected by endoscopic polypectomy with high frequency electric current.

Color 1 Endoscopic finding showing severe erosive gastritis from middle gastric body to antrum.
Color 2 Endoscopic finding 2 week after \( \text{H}_2 \) receptor antagonist therapy showing superficial gastritis.

Color 1 A: Endoscopic picture of angulus showed giant protruded lesion that papillary and granular surfaced growth. B: Picture of dye endoscopy showed that the edge of tumor is sharp.
**Color 1**  Endoscopic picture in the stomach showing a great pedunculated duodenal polyp with the top reached to the lower corpus of the stomach.

**Color 1**  Endoscopic finding of the duodenal bulb before embolization of inferior phrenic artery.

**Color 2**  Endoscopic finding of the duodenal bulb after the artery-embolization.

**Color 1**  Endoscopic finding of angiodysplasia. A・B: Dilated and distorted vessels are seen in the transverse colon. C・D: Small red raised lesion in the ascending colon.
Color 1  Colonoscopy revealed a smooth surfaced semipedunculated submucosal tumor in the cecum.

Color 2  The granules were positively stained with immunohistochemistry for S-100 protein.

Color 1  Colonoscopic photograph of the rectum showing the yellowish elevated lesion with central depression.

Color 1  A: Pancreatoscopic examination of dilatative part revealed normal mucosa. B: Pancreatoscopic examination of obstructive part revealed only mucinous materials pooling.

Color 2  Resected specimen revealed polycystic lesion of the pancreas with heavy mucinous materials pooling, of which penetrated to the pancreatic duct.